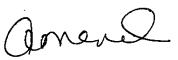
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

NAME OF CORPORATION:    Michael Guyer + Associates, Inc.	TO: Amendment Section Division of Corporations
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  WILIAM M. SUYER  MICHAEL GWENT & ASSOCIATES INC.  Firm/Company  T605 SW 134 Th STREET  Address  Firm/Company  City/State and Zip Code  MICHAEL GWENT ACTION  Address  City/State and Zip Code  MICHAEL GWENT ACTION  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  WILLIAM M. GWENT at 305, 2548215  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$33 Filing Fee  \$33.75 Filing Fee \$243.75 Filing Fee & Certificate of Status (Additional Copy (Additional Copy) (Additional Copy)  (Additional Copy)  (Additional Copy)	
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  WILIAM M. SUYER  MICHAEL GWER & ASSOCIATES  Name of Contact Person  Firm/ Company  The Company  Firm/ Company  Address  Firm/ Company  Address  Firm/ Company  Firm/ Company  Address  Firm/ Company  For further information concerning this matter, please call:  WILIAM M. GUYER  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  State of Status  Certificate of Status  Certificate Copy  (Additional Copy)	NAME OF CORPORATION: ///Chael System, JAC.
Please return all correspondence concerning this matter to the following:  WILIAM M. SUYER  Name of Contact Person  Firm/ Company  7605 SW 134 th STREET  Address  Loring Address  City/ State and Zip Code  MICHAEL GUYER ACCORD  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  WILIAM M. GUYER at 305 254 8215  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificate Of Status  Certified Copy  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy)	DOCUMENT NUMBER: P 120000 83063
Name of Contact Person  Name of Contact Person  Pirm/Company  The firm/Company  Address  Firm/Company  Address  City/State and Zip Code  Michael Guyer & State and Zip Code  Michael Guyer & Gettle South. Net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Milliam M. Guyer at 305 2548215  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$33 Filing Fee  Certificate of Status  (Additional copy is enclosed)  (Additional Copy	The enclosed Articles of Amendment and fee are submitted for filing.
Name of Contact Person  MICHAEL GWER & ASSOCIATES TWO.  Firm/ Company  The Street  Address  City/ State and Zip Code  Michael Gwer & Sell South. Wet  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MILLIAM M. GWER at 305  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  (Additional copy is certified Copy (Additional Copy (Additional Copy)	Please return all correspondence concerning this matter to the following:
Firm/ Company  7605 SW 134 14 STREE 1  Address  City/ State and Zip Code  MICHAEL GWER at GELL South. NET  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MILLIAM M. GWER at 305 2548215  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  \$35 Filing Fee \$  Certificate of Status  (Additional copy is enclosed)  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy	WILLIAM M. JUYER
Address  City/ State and Zip Code  MICHAEL GUYER & GELL South. NET  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MILLIAM M. GUYER at 305 2548215  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is enclosed)  (Additional Copy	
City/ State and Zip Code  Michael Guyen at Gell South. Wet  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Milliam M. Guyen at 305, 254, 8215  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$\Bar{\Bar{\Bar{S}}}\$43.75 Filing Fee & \$\Bar{\Bar{S}}\$1\$343.75 Filing Fee & \$\Bar{\Bar{S}}\$25.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy (Additional Copy)	7605 SW 134 Th STREET
For further information concerning this matter, please call:    William M. GuyER at 305 2548215     Name of Contact Person   Area Code & Daytime Telephone Number	C. 33166
For further information concerning this matter, please call:    William M. GuyER at 305 2548215     Name of Contact Person   Area Code & Daytime Telephone Number	MICHAEL GUYER at BELL South. NET
Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status  (Additional copy is enclosed)  (Additional Copy  (Additional Copy	E-mail address: (to be used for future annual report notification)
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\$35 Filing Fee	Name of Contact Person Area Code & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	Enclosed is a check for the following amount made payable to the Florida Department of State:
	Certificate of Status Certified Copy Certificate of Status  (Additional copy is Certified Copy enclosed) (Additional Copy

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment** to **Articles of Incorporation** filed with the Florida Dept. of State) 0000 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I amfamiliar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name  S GURACHANES SUND FARME	Address
1) Change Add Remove		7605 SW 1345t
2) Change Add Remove	S William M. GUYER	7605 SW 13450 PINECNEH, EL, 33156
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove	4	
6) Change Add Remove		

ttach <i>additional sh</i>	eets, if necessary). (	Be specific)			
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an amendment p	rovides for an exchan lementing the amend	ge, reclassification	n, or cancellation	of issued shares,	
(if not applicat	ole, indicate N/A)	mest ii not contai	ned in the amend	ment risen.	
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The date of each amendment(s) ac	doption: 1/27/13
Effective date <u>if applicable:</u>	1/27/13
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.  The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/1/20/13 Ofinson
(By a d selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	WILLIAM M. GUYER
•	(Typed or printed name of person signing)
	DES I d'ENT
	(Title of person signing)