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	(Requestor's Name)	
	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	> WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Conies	Certificates of Sta	atus
Special Instructions	s to Filing Officer:	
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Special instructions	s to Filing Officer:	

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SECRETARY OF STATE

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THE TABLE OF THE OF

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: THE RUM	ERY, INC	
DOCUMENT NUMBE	r: <u>46-1879</u>	3166	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_	DAVI	Name of Contact Person	<u> </u>
-	The	Firm/ Company	<u> </u>
	15	PARADISE PL	AZA Suite 231
_	SALASOT	Address Address City/ State and Zip Code	239
<u></u>	_	gnail.com	
	concerning this matter, pleas		
DAVID Name of	F. JACARUS & Contact Person	at (941 Area Co	de & Daytime Telephone Number
	he following amount made p		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

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

Articles of Amendment

Articles of Incorporation

FILED

	of		13 FEB 26 E	W 0
THE	KUMERY 1	17 	13 FEB 26 F SECRETAR	n 2: 19
(Name of Corporation as current	tly filed with the Flori	da Dept. of State)	TALLATIASSER!	PIATE
_+	6-187916	6 P13100	C PO (<0)	LURMA -
(Document Number	er of Corporation (if kn	own)		
ursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	orida Statutes, this Flor	rida Profit Corporati	on adopts the following	g amendment(
. If amending name, enter the new name of the	ne corporation:			
	•			The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co"	'. A professional co		
. Enter new principal office address, if applic	able:			<u>-</u>
Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)			
	_			_
	-			_
. Enter new mailing address, if applicable:	2.000			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>: BOX</u>)		··· <u></u>	_
	-			_
	_			_
If a manufing the ungistance agent and/or magnet	istored office address	in Florido outou the	nome of the	_
. If amending the registered agent and/or reg new registered agent and/or the new registe		in Florida, enter the	name of the	_
new registered agent and/or the new register		in Florida, enter the	e name of the	-
		in Florida, enter the	e name of the	_
new registered agent and/or the new registe	ered office address:		e name of the	_
Name of New Registered Agent		nddress)		-
new registered agent and/or the new registe	ered office address:	nddress)	e name of the	_

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

Signature of New Registered Agent, if changing

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.

<u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sali</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	YP	MATTHEW MERRIMAN	Drive, Bradenton, F
Add			Drive, Bradenton, F
Remove			34202
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
 	
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
• •	
SHARE CWHERSHIP - 1	1,000 SHARES AWTHOLIZED AND Devides AT Se
50 % or :	500 SHS DAVID F. JACARUSO
	500 SHS WATTHEW MERRIMAN
	•

The date of each amendment(s) adoption: 2/14/13
Effective date if applicable: 2/14/13 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2/14/13
Signature Warn Jacouso
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DAVID F. JACARUSO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)