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TALL DHASSER, FLORIDA

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C. CAPROTHERS

· COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CODDOR	Frank	MURPHY 6	FARPhics, Inc.
DOCUMENT NUME	BER: P130	000 3638	97
	of Amendment and fee are su		·
Please return all corres	pondence concerning this ma	tter to the following:	
	Frank 1	Name of Couract Person	n
	Frank v	MURPLY G	raphies, Inc.
_	P.O. Box	493505	
	LEISBUR	493505 9 FL 347 City/ State and Zip Cod	49
•		City/ State and Zip Cod	le .
	FRANK MUR E-mail address: (to be us	Phy Advertion sed for future annual report	sing Oyahoo. Com
For further information	concerning this matter, pleas	se call:	
Frank	mempley	at (321	, 439 - 3339
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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)
	ing Address ndment Section		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7 magnelia Lane Yalaha, FL 34797
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 493505 = Lelsburg, FL 34749 = 2
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s</u>
Name of New Registered Agent	₩.) (
(Florida str	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Signature of New R	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change X_ Add Remove	Title V	Denise L. Murphy	Address 7 Magnolia Lane Yolgua, FZ 34797
2) Change Add Remove 3) Change Add			
Remove 4)ChangeAddRemove			
5) Change Add Remove		-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,	
6) Change Add Remove			

	ary). (Be specific)	None	
		, ,,	
117.00			
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f an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not contai	n, or cancellation of issumed in the amendment i	tself:
provisions for implementing the	amendment if not contai	n, or cancellation of issumed in the amendment i	ted shares, tself:
provisions for implementing the	amendment if not contai	n, or cancellation of issumed in the amendment i	tself:
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provisions for implementing the	amendment if not contai	n, or cancellation of iss ned in the amendment i	tself:
provisions for implementing the	amendment if not contai	n, or cancellation of issined in the amendment i	tself:

The date of each amendment(s) ac	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	, ,	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmer ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	lder
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	21.2016	
Signatura	Les Al Mand	
(By a d	director, president or other officer of directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other co	en Suet
	nted fiduciary by that fiduciary)	,unt
	Tryped or printed name of person signing)	
	(Typed or printed name of person signifig)	
	President	

(Title of person signing)