P130000 44870

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APR 11 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: 3 ^{PD} POWE DOCUMENT NUMBER: P130000	r Enterprises 1	nc.
DOCUMENT NUMBER: P130000	44.870	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
David	Bynes, III Name of Contact Person RENTERPRISES I Firm/Company	ınc.
	Firmi/Company a CIRCLE Apt.	
Altamonto	Address Sokings FL 32 City/ State and Zip Code	270)
E-mail address: (to be us	ethirdnow. Com sed for future annual report	
For further information concerning this matter, please Dovid Bynes, III.		
Name of Contact Person	Area Coe	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State;
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida Dept. of State) Pl30004487D (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendits Articles of Incorporation: A. Hamending name, enter the new name of the corporation: Not Applicable The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new malling address MAY BE A POST OFFICE BOX) Not Applicable Malling address MAY BE A POST OFFICE BOX Not Applicable Not Applicable Not Applicable Not Applicable	FLORIDA
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new registered agent and/or the new registered office address:	
(Florida street address)	
New Registered Office Address: , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: 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.

Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	,
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	Toi G. Bynes	661 Altamira Circle
Add Remove			Apt. 201 Altamonte Springs, FL 3270
2) Change			
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Remove			
6) Change Add			
Remove			

E. <u>If am</u>	ending or adding additional Art	icles, enter change(s) here:
	ch additional sheets, if necessary).	(Be specific)
NOt	Applicable	
		······································
		·
•		
		<u> </u>
F. <u>If an</u>	amendment provides for an exclusions for implementing the eme	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:
PIO	(if not applicable, indicate N/A)	inducent if not contained in the amendment itserf.
	t Applicable	<u> </u>
·····		
,		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 30 days after amenament 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)	
(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 April 1, 2014	
Signature (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)	_
(Typed or printed name of person signing)	
Registered Agent Incorporate (Title of person steeling)	R

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SECRETARY OF STATE
SECRETARY OF