## P13000060938

Office Use Only



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OCT 1 0 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: P13000060938 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TWC Firm/ Company 2690 Coastail Huy

Address

Crawford ville FL 32327

City/ State and Zip Code E-mail address: (to be used for future armual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## WY WELL

## Articles of Amendment to Articles of Incorporation of

13 OCT 10 PM12: 32

SITJIN	<u></u>		SECAE MAY ( ):	STAFF
(Name of Corporation as currently file		. of State)	HIROTELES EL	OPID.
P13-60°	<del> </del>			
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	fit Corporation adopts	the following amendme	:nt(s) to
A. If amending name, enter the new name of the corp	poration:			
			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A pro	iny," or "incorporated ofessional corporation	d" or the abbreviation name must contain the	) ?
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u> )			
			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0			
	<u></u>			
D. If amending the registered agent and/or registere	ed office address in Flor	ida, enter the name of	<u>`the</u>	
new registered agent and/or the new registered o	ince address:			
Name of New Registered Agent				
	(Florida street address)			
	(Fibrial Street dadiess)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
		_		
New Registered Agent's Signature, if changing Regi	stered Agent: I am familiar with and ac	cept the obligations of	the position.	
		,	•	
Signature of Ne	w Registered Agent, if ch	anging		

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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>CFO</u>	Robert Morales	2690 COASTAL Huge Crawfondville FL 3232)
Add			CRAWfondville fl 3232)
X Remove			
2) Change			
Add			
Remove			**************************************
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change			
Add			
Remove			

in the state of th	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

	t(s) adoption: 10 - 10 - 2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	10-10-2013 Elda
2.5	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	Exicle Moody (Typed or printed name of person signing)
	President
	(Title of person signing)