P13000070678

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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: EARNES	TINC					
DOCUMENT NUMBER: P13000070678						
The enclosed Articles of Amendment and fee are sul	bmitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
VIJAY PATEL						
J&S ASSOCIA	Name of Contact Person	n				
Firm/ Company						
244 SIENA GA	RDENS CIR					
	Address					
GOTHA, FL 34						
	City/ State and Zip Cod	e				
VIJAY@JNSASS(OCIATE.COM					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
YOGEN	_{at (} 407	253 5330 de & Daytime Telephone Number				
Name of Contact Person	Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

'FILED

EARNEST INC

2014 APR -7 PM 3: 43

P13000070678 (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." N.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N.A. 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 street address) New Registered Office Address: Florida (City) 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>	John Doe		
X Remove				
	<u>V</u>	Mike Jones		
_X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	PERIN SUTARIA	2752 NE 35TH ST	
Add			OCALA, FL. 34479	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
 1				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	
.A.	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
.A.	
·A.	

The date of each amendment(s) adoption: 04/01/2014	, if other than the
date this document was signed.	_,
Effective date if applicable: 04/01/2014	
(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)	
(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 SSWart	_
(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)	
SAMIR SUTARIA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	