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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #j	
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

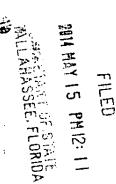
Office Use Only



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6/28/14

COVER LETTER

TO: Amendment Section

Division of Corpora	ations		
NAME OF CORPORA	DIANDOD	aldus Inc.	
	Amendment and fee are su	bmitted for filing	
		_	
Please return all correspondence	ondence concerning this ma	tter to the following:	
_	Kel	I A Messick	
_	<u> </u>	Name of Contact Person	n NC .
	8321 Nevada S	Firm/ Company	
_	Sprina	Address 34606.	
		City/ State and Zip Cod	e
	E-mail address: (to be us	wilders & Johnson of the future annual report	DIN - notification)
For further information of	concerning this matter, pleas	se call:	
Kelli	Messick	at (<u>, 515-2128 · </u>
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made I	payable to the Florida Depa	artment of State:
\$35 Filing Fee	l\$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)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations sox 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	. 1	. 9	of
Mammoth	(L)	1	١
manindan	Plui	aus	nc ·
ation as currently f			

2014 MAY 15 PM 12: 11

(Name of Corpor ida Dept. of State)

10

(Document Number of Corporation (if known)

ndment(s) to

s Articles of Incorporation:			
. If amending name, enter the new name of the c	orporation:		
			The
ame must be distinguishable and contain the wol Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	p," "Inc," or "Co". A p.		
s. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
). If amending the registered agent and/or registe		rida, enter the name	e of the
new registered agent and/or the new registered			
Name of New Registered Agent		<u> </u>	
	(Florida street address)		
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
iew Registered Agent's Signature, if changing Reg	gistared Agent.		
hereby accept the appointment as registered agent.	I am familiar with and ac	ecept the obligations	of the position.

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	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>S_</u>	Daniel C Hauth	8321 Nevada Street
Add			Spring hill 11. 3460ce
Remove		^	
2) Change	_Y	Peter P. Messick	8321 Nevada Street
Add Add			Springhill 11. 34606.
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change	-		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
(f	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

$\Lambda + \Lambda = \Lambda$	
The date of each amendment(s) adoption: 4014 dol4 date this document was signed.	, if other than the
Effective date if applicable: 4014	
(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 4 14 14.	
Signature	
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)	
(Typed of printed fiame of person signing)	
(Title of person signing)	