P130000 84649

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
,	
(Document Number)	
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SECTETARY OF STATE

BEYICLEY OF CORPORATIONS

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Certainty Beyond Logic, Inc. DOCUMENT NUMBER: P13000084649
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Heming Name of Contagt Person
24 Hondo Ln
Santa FO NU 87508
Steve and Zip Code Steve fleming com (561) 307-4281
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jana Fleming at 561,9721444
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	15
Articles of Incorporation SELECTABLY OF SOURCE OF SOURC	
CERTAINTY BEYOND LOGIC, INC. 15 MAR 11 PM 2:30)
(Name of Corporation as currently filed with the Florida Dept. of State)	
1713000084649	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nent(s)
A. If amending name, enter the new name of the corporation:	
The ne	0141
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain th word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Matting that ess MAI BE A FOSI OFFICE BOX)	
	
D. Te amounting the agriculation of the second country of the seco	
 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) (Zip Code)	
New Descriptored Agent's Signature if abonging Descriptored Agent.	
New Registered Agent's Signature, if changing Registered Agent: 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.

X Change	PT John D	oe_		
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>		
X Add	SV Sally S	<u>mith</u>		
Type of Action (Check One)	Title	Name		Address
l) Change	VP	Jana	Pleming	24 Hondoln. Santa Fe. NM 87508
Add				Santa Fé, My
Remove		\sim		8 1300
2) Change	P	Steve	Heming	24 Handolp
Add Remove			\bigcup	<u>Sartia re, Ny</u> 87501
3) Change				
AddRemove				
4) Change				
Add Remove				·
5) Change				
Add				
Remove				
6) Change			·	
Add				
Remove				

	ditional Articles, enter cha necessary). (Be specific)		
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n amendment provides	for an exchange, reclassif	ication, or cancellation of is	sued shares,
rovisions for implement (if not applicable, indi	ing the amendment if not o	contained in the amendment	itself:
Jana Plan	50	0/ Shaml	nolder
store tier	11110 - 00	% Shareh	10100
lana He	mira - 5	170 Sharel	nolder
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The date of each amendment(s) adoption:	F. M. F. ***********************************	other than the
date this document was signed.	DIVISION OF IN	Br Arene
Effective date if applicable:	15 MAR 11	PH 5: 30
(no more than 90 days after amendment fi	ile date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)	
The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the amendment.		
"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 actio action was not required.	n and shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d shareholder	
Dated		
Signature Strue, Signature		
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)		
Steve Pleming		
(Typed or printed name of person sign	ning)	
tresdent, Uwne	9	
(Title of person signing)		