## P13000089716

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DIVISION OF COSPORATIONS

14 JUN 15 PH L: 38

C. LEWIS O 2014

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P13000089716 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (<u>407</u>) <u>876.6335</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUN 16 PM 4: 38

Tau Castle Home	S.Inc.			-
(Name of Corporation as current)	y filed with the Flo	rida Dept. of Stat	<u>e</u> )	
P13000089716				
(Document Number	of Corporation (if k	nown)		_
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corpo	oration adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or i	orp," "Inc," or "Co	". A professiona	"incorporated" or the il corporation name musi	abbreviation contain the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				_
	1 ,	*** **		_
				_ <del>_</del>
C. Enter new mailing address, if applicable:	BOW)			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	<del></del>		
				_
				_
D. If amending the registered agent <u>and/or regi</u>	stered office addre	s in Florida, ente	r the name of the	
new registered agent and/or the new register				
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(City)		(Zip Code)	_
N. D. C. L. A. C. L.	D:-44			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ager		th and accept the o	obligations of the position	
	-	-		
Signature	f New Registered An	ent if changing	<del></del>	

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>	Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sally	<u>/ Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	<u>P</u>	Donald 5. Bonnette	940LD Oakland Ave Lini + 1910 Callend 1934787
2) Change Add Remove		Mark Maciel	940 w. Oaklond Arc Unit 1-10 Oaklond F-34787
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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	and a self-resident self-resid	
	to a second and the s	
	(m···	
		•
	•	
n amendment provides for an exch	hange, reclassification, or cancellation of issued share	es,
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(5		
•		
-		·····

• •	SECRETARY OF STATE  L. A. DIVISION OF CORRORATIONS	
The date of each amendment(s) adoption:date this document was signed.	5/9/14 SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS  14 JUN 16 PM 4: 38	, if other than th
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	nolders. The number of votes east for the amendment(s) val.	
The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement o entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	it(s) was/were sufficient for approval	
by(voting gr	· · · · · · · · · · · · · · · · · · ·	
	of directors without shareholder action and shareholder	
action was not required.  Dated 5/9/14  Signature	porators without shareholder action and shareholder	
(By a director, president of selected, by an incorporate appointed fiduciary by the	or other officer - if directors or officers have not been tor - if in the hands of a receiver, trustee, or other court nat fiduciary)	
Mark a.	(Typed or printed name of person signing)	_ <del></del>
Presid		_