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COVERIETTER

		COVERBETTER	
TO: Amendment Sect Division of Corp	· · · · · · · ·		
NAME OF CORPOR	RATION: Grant Guth	rie, Inc	
DOCUMENT NUM	BER: P1400004983	35	
	of Amendment and fee are st		
Please return all corre	spondence concerning this ma	atter to the following:	
	Donald G. Guthri	e Jr.	•
		Name of Contact Person	n
	Grant Guthrie, In	С	
		Firm/ Company	
	4139 NW 62nd A	venue	_
		Address	
	Gainesville, Flori	da 32653	
		City/ State and Zip Cod	e
MIA	AMIAUTOCONNE		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	1 concerning this matter, plea	se call:	
Donald G. G	uthrie	at (352	, 538-0783
Name (of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address		A didwaga	

Mailing Address

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

•		999999999	p.3
		FILED -	. <u> </u>
	Articles of Amendment	14 DEC -5 PH 12: 46	•
	Articles of Incorporation of	TANDAHAN SERLALURUA	
Grant Guthrie, Inc		All A demanded of the Control of the	- !
	s currently filed with the Florida Dept.	of State)	
P14000049835		······································	- Ì
(Docume	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation: A. If amending name, enter the new n	7.1006, Florida Statutes, this Florida Projection:	fit Corporation adopts the followin	g amendine
"Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa B. Enter new principal office address (Principal office address MUST BE A.S.	, if applicable:	jessional corporation name must	contain the
			-
C. Enter new mailing address, if app (Mailing address MAY BE A POST			
(Mailing address <u>MAY BE A POST</u>	nd/or registered office address in Floriew registered office address:	da, enter the name of the	
(Mailing address MAY BE A POST D. If amending the registered agent a new registered agent and/or the ne	nd/or registered office address in Floriew registered office address:	da, enter the name of the	
(Mailing address MAY BE A POST D. If amending the registered agent a new registered agent and/or the re	nd/or registered office address in Floriew registered office address:	da, enter the name of the	
(Mailing address MAY BE A POST D. If amending the registered agent a new registered agent and/or the re	nd/or registered office address in Floriew registered office address: (Florida street address)	da, enter the name of the , Florida(Zip Code)	
(Mailing address MAY BE A POST D. If amending the registered agent a new registered agent and/or the mail and a new registered Agent Name of New Registered Agent New Registered Office Address New Registered Agent's Signature, if	nd/or registered office address in Floriew registered office address: (Florida street address)	, Florida(Zip Code)	

Add

Remove

Fax

,			
address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held President, Treasure Changes should be noted	and/or I i, if neces, rector tit Presiden Chief ir, Direct l in the forwes the c	Director being added: ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; Financial Officer. If an officer/director holds tor would be PTD. collowing manner. Currently John Doe is listed corporation, Sally Smith is named the Y and S.	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
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>	Name	Address
1) Change	PD	Grant Guthrie	4139 Northwest 62nd Ave
Add			Gainesville, Florida 32653
Remove			<u> </u>
2) Change	PD	Donald G. Guthrie, Jr.	4139 Northwest 62nd Ave
Add			Gainesville, Florida 32653
Remove			
3) L Change			
Add Remove			
Kemave		•	
4) Change		_	
Add			
Remove		·	
5) Change			_
Add			
Remove			
6) Change			

The date of each amendment	(s) adoption: 11/24/2014	_, if other	than the
date this document was signed. Effective date if applicable: 11/24/2014		1 (
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	, 1	
The amendment(s) was/were must be separately provided	c approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	i i i	
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder		
Dated_11/24	4/2014		
Signature 🗍	E Duant Duthrie	_	
sel	y a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	Donald G. Guthrie, Jr.	i i	
	(Typed or printed name of person signing)	— थ थ	
	President, Director		
	(Title of person signing)		