P14000002879

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COVER LETTER

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: Elle	Silding	Coss
DOCUMENT NUMB	er:	062879	<i>y</i>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-	101	D Whales	7
-	Edlipse	Name of Contact Person	legs
_	9860	Firm/Company H.W. 34	Court
_	Mani	Address Alion FL.	33324
	-TWHALEN E	City/ State and Zip Code	TOINGORP.COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
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Name o	f Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	□\$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)
	ling Address		Address
Ame	ndment Section		ment Section
	sion of Corporations		n of Corporations
	Box 6327 hassee, FL 32314		Building xecutive Center Circle
1 3113	massec, FL 34314	2001 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Foliage Reality Maco	
(Name of Corporation as currently filed with the Floridadoept, of State)	-
P14000062879	
(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 its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ac "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must covar "chartered," "professional association," or the abbreviation "P.A."	- bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	#1 1 1 2 2 1 1 2 2 1 1 2 1 2 1 2 1 2 1 2
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	- ଖ ିଟି ଓ ଅ
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	_
(City) (Zip Code)	
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:	c, and suny	Smith, or as an Ada.	
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Name Andrew Stalling	Address 16006 Mataro Baz Court Delsaz Beach, FL. 33446
2) Change Add		- · · · · · · · · · · · · · · · · · · ·	
Remove 3) Change Add			
Add Remove			
5) Change Add Remove			
6) Change Add Remove		-	

	(Be specific)
NATION CONTROL OF	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an and an analysis and an a
provisions for implementing the ame	nange, reclassification, or canceliation of issued shares, and and an and an and an and an an an an an an an an
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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	
Signature	
(By a director president or other officer - if directors or officers have not been	
selected, by air ineorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Torr Whaten	
(Typed or printed name of person signing)	
Pris dat	
(Title of person signing)	