P140000 70450

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPRUVED AND FILED

SEP 11 2015

COVER LETTER

Division of Corporations NAME OF CORPORATION: CLAYMONT The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PEFF BOW MALI
Name of Contact Person Firm/ Company 1735 /30NITAS CIECLE

Address

Venice FL 34293

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (937) 305-9067

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

CLAUMENT INC	
(Name of Corporation as currently filed with the Flori	ida Dept. of State)
P140000 70450	
(Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent SEFFERY SOCIONALITAS CON (Florida street of New Registered Office Address:	FCIC VENICE FL 34293 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 Signature of New Registered Agent	-5

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 <math>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 Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	1	LEONARDO	MURRI	1735 BOWNAN VENICE FL 34293
Add				1735 BOUTAS CIE
Remove				Venice FL 34293
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				A
Add				
Remove				

. If amending or adding additional Articological (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) add	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
—	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated8_	30-14	
Signatur E	nado Muri	
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
5 5	• •	
	CONSTRO MUTER	
_	(Typed or printed name of person signing) Resident	
	P / /	
_	resident	
	(Title of person signing)	