P14000089488

(F	Requestor's Name)	
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PICK-UP	 WAIT	MAIL
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Special Instructions t	o Filing Officer:	
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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: The Fordin Group, INC.	
DOCUMENT NUMBER: P1:4000089488	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Allison Sommers	
Name of Contact Person	
The Foredin Group, INC.	
Firm/ Company	
13300 Biscarre Dr. 54C	
Address	
City/ State and Zip Code	
ekimark a bellsouth net.	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Allison Sommers at 786, 205-4125	
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 & □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	

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

Articles of Amendment · to Articles of Incorporation

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	Articles of Amendment		
	to		4 A
	Articles of Incorporation		ALL SALES
	of		57% 10
The For	gir per	1,1NC.	
(Name of Corporation as currently	y filed with the Florida Dept. of	'State)	
P	14 0000 894	1 8 &	7. 7. 8.
 	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Florida Profit</i> (Corporation adopts the follow	wing amendment(s) to
. If amending name, enter the new name of the	corporation:		·
			The new
ame must be distinguishable and contain the	vord "cornoration" "company	" or "incorporated" or the	The new eahbreviation
Corp.," "Inc.," or Co.," or the designation "Co			
ord "chartered," "professional association," or i		·	
s. Enter new principal office address, if applica	hle		
Principal office address <u>MUST BE A STREET A</u>			
		•	
Enter new mailing address, if applicable:	DAV)		
(Mailing address MAY BE A POST OFFICE)	<u>BUX</u>)		
		··· ·	
. If amending the registered agent and/or regi		enter the name of the	
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent			
	(Florida street address)	<u></u>	
Nov. Books and Office Address.		Elouido	
New Registered Office Address:	(City)	, Florida (Zip Code)	
	• • •		
New Registered Agent's Signature, if changing I	Registered Agent:		
hereby accept the appointment as registered agen		the obligations of the position	on.
Signature	f New Registered Agent if change		

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>	John Doe				
X Remove			ac.			
A Remove	<u>V</u>	Mike Jone	: 7			
<u>X</u> Add	<u>SV</u>	Sally Smit	<u>lh</u>			
Type of Action (Check One)	<u>Title</u>		<u>lame</u>			Address
	VPSI	<u>4</u> 7≤	HISON	Sommer	S 1	13300 Biscayne Dr
Add	VICE	Pres			(Suite C
Remove	SEC DIA TR	EASULT	a		Hor	13300 Biscaune Dr Suite C mestead, Fl 33033
2) Change						
Add						
Remove						
3) Change					-	
X Add						
Remove						
4) Change					-	
Add						
Remove						
5) Change						
Add					-	
Remove						
6) Change					-	
Add						
Remove						

tach addition	adding additional Articles, enter change(s) had sheets, if necessary). (Be specific)	
	la	
	100	
		"
	<u> </u>	
	_ <u></u> -	
		<u> </u>
an amendmi	nt provides for an exchange, reclassification,	ar cancellation of issued shares
	implementing the amendment if not contained	
	licable, indicate N/A)	
	nla	
	<u></u>	

date this document was signed.	ption:	, ii outer than the
Effective date if applicable:	12/1/14	
Energy date <u>mappingable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ned by the shareholders. The number of votes cast for the amendment(s) icient 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	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt	led by the board of directors without shareholder action and shareholder	
action was not required.		
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	11/14	
Signature	ector, president or other officer – if directors or officers have not been	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	MICHAEL KRAM	
	(Typed or printed name of person signing)	
_	PRES.	
	(Title of person signing)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2014

ALLISON SOMMERS THE FORDIN GROUP INC. 13300 BISCAYNE DR. STE C HOMESTEAD, FL 33033

SUBJECT: THE FORDIN GROUP INC.

Ref. Number: P14000089488

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to Florida Profit Corporation and not Florida Profit Benefit Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 714A00024749

Thank you for your help but the 35.00 check was not enclosed.

Allism Sommers
The Fordin broup, love.

tel: 786-205-4125
allism. the fordingroup Degmail. com

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