## P14000094754

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(Address)	
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Amend.

OCT 1 4 2015

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

VP ZNUISTMENTS OF TAllALASSED INC 14000094754 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSEPH GEPHART

Name of Contact Person Name of Contact Person

TPINUPSIMENTS BY TAMBLASSEL INC

Firm/Company

IS 74 PAUL RUSSP// ROAD # 4402

Address

TAMBLASSEL FL 32301

City/State and Zip Code THE GEPS & AOL. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>PSO</u>) <u>322 - 1653</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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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	FILE
2	Articles of Incorporation	15 OCT
-0 -	of	10 0C/ 14 AM 10
JP ZNVESTMENTS OF T	MALASSEE IN	15 OCT 14 AM 10: 42
(Name of Corporation	on as currently filed with the Fl	lorida Dept. of State
P140000 99	4754	COSEL PLOSIFIC
(Docum	nent Number of Corporation (if kr	nown)
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Cor	rporation adopts the following amendmen
If amending name, enter the new name of the co	rporation:	
	1,000,000	
		The new
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the	" "Inc," or "Co". A profession	
Enter new principal office address, if applicable		
rincipal office address <u>MUST BE A STREET ADD</u>	ORESS )	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<b>v</b> i	
(Mutting uturess MAT BE A FOST OFFICE BO.	<u> </u>	
	<del>-</del> -	
If amending the registered agent and/or register		ter the name of the
new registered agent and/or the new registered	office address:	-
Name of New Registered Agent	A P GEPHA	RT
1575	PAUL RUSSELL RIS  (Florida street address)	# 4402
	(Florida street address)	<del></del> ·
New Registered Office Address: JB	MAhASSee	, Florida 32301
	(City)	~~~~/

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: X Change	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	·
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	UP	PATRICK DORSCH	3019 SHAMROCKN
Add Remove			3019 ShAMROCK N TAllALAISIE, FL 32701
2) Change	<u>v?</u>	LORI ? GEPHART	1575 ) AUI 20558/121
Remove 3) Change Add			TAMALASSE, FL 32301
Remove 4) Change Add	<del></del>		
Remove			·
5) Change Add			
Remove			
6) Change			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	()c17	RER	14	-2015	
The date of each amendment(s date this document was signed.		<i>D-</i> (-)	<del></del>	00/3	, if other than the
Effective date <u>if applicable</u> :	OCTOBER	14	201	5	
	(no more	e than 90 days	after amendn	ent file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the Department of State's rec	ie applicable s cords.	tatutory filing	requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u> )			
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholder sufficient for approval.	ers. The numb	er-of-votes ca.	st for the amendment(	s)
The amendment(s) was/were must be separately provided	approved by the sharehold for each voting group ent	ders through v	oting groups. eparately on to	The following statemore ne amendment(s):	ent .
"The number of votes of	ast for the amendment(s)	was/were suffi	cient for appro	oval	·
by	(voting group)			··	
	(voting group)	)			
The amendment(s) was/were action was not required.  The amendment(s) was/were					er
action was not required.					
	TOBEX 14, 9	2015			
Signature(By	a director, president or other	her officer – if	directors or o	fficers have not been	<del></del>
sele	cted, by an incorporator – ointed fiduciary by that fid	if in the hand			1
գրբ	• •	• •			
	JOSEPI	H 1)	بمرام تيسى	PART	
	(Typed or	printed name o	of person sign	ng)	
		CEC	)		
		(Title of pers	on signing)		