## P17000094987

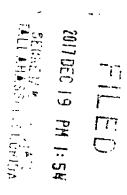
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I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GRINDERS, INC.		
DOCUMENT NUMB		· · · · · · · · · · · · · · · · · · ·	·
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:	
	MARSHA SIHA		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	INCFILE.COM LLC		
•		Firm/ Company	
	17350 STATE HWY 249 SU	ЛГЕ 220	
•		Address	
	HOUSTON TX 77064		
•		City/ State and Zip Code	3
dr.ari	as09@gmait.com		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: at (_888	462-3453
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
	the following amount made		•
■ \$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)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section or of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GRINDERS, INC.					
(Name of Corporat	tion as currently	filed with the Flor	ida Dept. of State	<u>e</u> )	
P17000094987					
(Docu	ment Number of	Corporation (if know	wn)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this F	lorida Profit Corpo	oration adopts the	following amendme	ent(s) to
A. If amending name, enter the new name of the c	corporation:				
				The new	١.
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	$p_c$ " "Inc, " or "C	lo", A professiona		or the abbreviation	71
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			<u>.</u> .		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )			2011 DEC 19	77
D. If amending the registered agent and/or registe	orod office addrs	es in Florida, anto	r the name of the	PH 54	
new registered agent and/or the new registered			i the hame of the	\$ <u>\$</u>	
Name of New Registered Agent	<del></del> -				
	(Florida stre	et address)		<u> </u>	
New Registered Office Address:			, Florida		
Ten regimenta ogni criaticos.	(1	City)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ith and accept the o	bligations of the p	osition.	
Sia	matura of Naw Ra	poistered Agent if c	hanoine		

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.

X Change	<u>PT</u> <u>Johi</u>	<u>1 Doe</u>	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	MARSHALL SIMMONS	1805 QUAIL TRL
XAdd			LAKELAND, FL 33810
Remove			
2) Change	A. SEC	MARSHALL SIMMONS	1805 QUAIL TRL
X Add			LAKELAND, FL 33810
Remove			
3 ) Change	P	LUIS ARIAS	1805 QUAIL TRE
X Add			LAKELAND, FL 33810
Remove			
4) Change	8	RENZO RIVERA	1805 QUAIL TRL
X Add			LAKELAND, FL 33810
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	<u>ге</u> :		
				<del></del>
			· • • • • • • • • • • • • • • • • • • •	
			•	<u> </u>
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<del> </del>			· · · · · · · · · · · · · · · · · · ·	_
		r cancellation of issued	shares.	
f an amendment provides for an exch	ange, reclassification, o	t contention of Loades		
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	lf:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on adment if not contained	in the amendment itse	<u>if:</u>	
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	lf:	
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	<u>lf:</u>	
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	<u>If:</u>	
provisions for implementing the ame	ange, reclassification, on the distribution of	in the amendment itse	<u>If:</u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on the desired and the	in the amendment itse	<u>If:</u>	
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	<u>If:</u>	
provisions for implementing the ame	ange, reclassification, onderent if not contained	in the amendment itse	<u>If:</u>	
provisions for implementing the ame	ange, reclassification, on adment if not contained	in the amendment itse	<u>If:</u>	

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) (Hicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u>, , , , , , , , , , , , , , , , , , , </u>	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
12/12/201 Dated	7	
Signature	Marshall Simmons	_
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MARSHALL SIMMONS	
	(Typed or printed name of person signing)	<del></del>
	TREASURER, ASSISTANT SECRETARY	
	(Title of person signing)	