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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Floridg Tounily Ruesting						
DOCUMENT NUMBER: PIECOCOGS						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
Michael Hawn						
te de la contact retson						
412 Marca thon C+						
Address						
1/Aples / 1- 34/12						
City/ State and Zip Code						
naunski Q. Aol. com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Michael Llaux a 239, 404 9972						
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						
Mailing Address Street Address						
Amendment Section Amendment Section Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						

Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incor	-noration -	A			
	of a	/ por action				
Flerida	401m1	14 hoc	2/1WA	dh	Ċ	
(Name of Corpo	ration as currently	filed with the Florida	Dept. of State)	 ,-		
RAA HALLA	H- 718	00000	1392			
(Do	cument Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Fle its Articles of Incorporation:	rida Statutes, this Fl	orida Profit Corporati	on adopts the follo	owing amen	dment	(s) to
A. If amending name, enter the new name of the	1200	inc In) <u>C</u>	The		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C	o". `A_p rofessional co A.''	rporation name n	nust contair	i the	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		-412 N - Nap	larger los Fr	<u> 341</u>	_ (Z2	\ '
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	Sami	as As	BOV	_ _/	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter th	e name of the			
new registered agent and/or the new registe	red office address.			~ _F .	20	
Name of New Registered Agent				_ ;::	<u>تة</u>	
<u> </u>				<u> </u>	2	\neg
	(Florida strev	et address)		ASS	9	Γ
New Registered Office Address:		City)	, Florida	Cin Calm	~ ~ ••	
		zuy)		(Zip Code)	í h: 17	ED
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. am familiar wi	ith and accept the oblig	gations of the posi	tion.		
	Signature of New Re	gistered Agent, if chan	ging			

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 Do	<u>uc</u>	
X Remove	<u>V</u>	Miķe Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
				
5) Change		_		
Add				
Remove				
6) Change				
		— .	<u> </u>	
Add				
Remove				

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)	
<u> </u>		
		
f an amendment provides for an excl	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:	
(y nor appareame, marche man)		

The date of each amendment(s) ac	doption:	16	20101	, if other than the
late this document was signed.				
Effective date <u>if applicable</u> :	<u> </u>			
	(no more h	han 90 days after a	mendment file date)	
Note: If the date inserted in this bedocument's effective date on the De			tiling requirements, this date	will 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		s. The number of vo	otes cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	oroved by the shareholder each voting group entitle	rs through voting gl led to vote separate	roups. The following statemen ly on the amendment(s):	t
"The number of votes cast	for the amendment(s) wa	ns/were sufficient fo	or approval	
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were add action was not required.	opted by the board of dire	ectors without share	cholder action and shareholder	
The amendment(s) was/were ad-	opted by the incorporator	s without sharehold	der action and shareholder	
action was not required.	16 10	7		
Dated		2/_		
Signature	Milliot	Mu		
			ors or officers have not been eceiver, trustee, or other court	
	ted fiduciary by that fidu		ecerver, waster, or other court	
	T. Miche (Typed or pr	=1/ LA	k/N	
	(Typed or pr	inted name of person	on signing)	
	Tresi	Lent		
	(Title of person sign	ning)	