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SEP 2 9 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for fliture annual report notification) For further information concerning this matter, please call: 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** Street Address **Amendment Section** Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 **Division of Corporations**

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment Articles of Incorporation

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Olorite DOC,	y filed with the Florida Dept, of State)	
Pac Myna Llazu	nieu with the Florida Dept. of State)	
Document Number of	Corporation (if known)	
· ·		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t	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 "Cword "chartered," "professional association," or the abbreviation "F	n," "company," or "incorporated" or the abbreviation Co". 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>)	Phase	,) (c)
	11/4	` }
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1,11	
D. If amending the registered agent and/or registered office addre		
new registered agent and/or the new registered office address:		
Name of New Registered Agent Photography	<u>49</u>	
19100 Sh) 364 51,	
(Florida stree	>>>	
New Registered Office Address: Y (1) MV ST (GO)	(City) , Florida SOSO (Zip Code)	
ľ	(Lip coul)	
	•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
1 nereoy accept the appointment as registered agent. 1 am jamiliar wi	ин ана ассерь те овиданонз ој те розинон.	
(Hall 1/-		
If the		
Signature of New Re	egistered 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.

X Change	PT John Do	oe	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Si	mith	
Type of Action (Check One)	Title	Name	Address
1) Change	PSID	Le Roy holdstein	17621 SWG/CT. Southwast Reaches, F
Add		U	Southwast Ranches, F
Remove			3333
2) Change	PSTD	Pamila bray	19100 SW 304 ST.
Add			Nomestead, FL
Remove			<u>3303</u> D
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	**************************************		
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	
	1 1 1	
	/V/A	· · · · ·
	,	
	,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
an amendment nrovides for an excha	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	1,14	
	-	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated	
Signature Ma	
By a director, president or other officer – if direct	
selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	eceiver, trustee, or other court
(Typed or printed name of person	
(Typed or printed name of person	on signing)
Prisidint	•
(Title of person sign	ning)