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(Cit	y/State/Zip/Phone	; #)
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TO: Amendment Section Division of Corporations

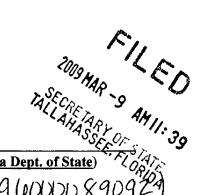
Tallahassee, FL 32314

NAME OF CORPORATION:	Mander Dinkelman, Inc.
DOCUMENT NUMBER: P91	6000089092
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
<u>Inl</u>	+ DINKLIMAN e of Contact Person)
Alexander	Firm/Company)
1970	Baum Rd. (Address)
<u>tallahas</u>	Sce, FL 32317 State and Zip Code)
For further information concerning this matte	r, please call:
Muxander Dinkelmar (Name of Contact Person)	at (850) 509-3678 (Area Code & Daytime Telephone Number)
	made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of State Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with th	e Florida Dept. of State
Al-wander Dinkelman, Inc	(P960000 890929
(Document Number of Corporation	n (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

the new name must be distinguishable incorporated" or the abbreviation "Corp., Co". A professional corporation na ssociation," or the abbreviation "P.A."	," "Inc.," or Co.," or the designation	n "Corp," "Inc," or
. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF)</u>		
. If amending the registered agent and/o new registered agent and/or the new re		enter the name of tl
D. If amending the registered agent and/onew registered agent and/or the new re Name of New Registered Agent:		enter the name of th
new registered agent and/or the new re		enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	gistered office address:	enter the name of

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
_D	Janet Dinkelman	1970 Baum Rd. Tallahasser, FL 32317	_
<u>D</u>	Clint Rusenberger	1970 Boum Rd. Talla Massee, Fl 32317	_ ∰ Add _ ☐ Remove
			_
	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
provis	mendment provides for an exchange, regions for implementing the amendment if not applicable, indicate N/A)		
(ij	noi applicable, indicale WA)		
		A 62	

The date of each amendment(s) adoption:			
Eff	Effective date if applicable: (no more than 90 days after amendment file date)		
Ad	option of Amendment(s) (<u>CHECK ONE</u>)		
Ø	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
	"The number of votes cast for the amendment(s) was/were sufficient for approval		
	by Alexander Dinkelman." (voting group)		
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
	Dated		
	Signature (By a director, 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 appointed fiduciary by that fiduciary)		
	Alexander Div LelMAN (Typed or printed name of person signing)		
	President (Title of person signing)		