(Requestor's Name) (Address)	600237025866	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	07/13/1201006002 **35.00	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	·	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NTH Entenphises Inc. P97000016709 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person NTH Enterprises Inc. Firm/ Company 2827 Strawberry TERRACE

Address

North Port FL 34286

City/ State and Zip Code enter Prises Overizon. netess: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (941) 626-6150

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 enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles of Incorporation

of .	
NTH Enterprises Inc.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State
P97000016709	S S S
(Document Number of Corporation (if kn	cnown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
 	_
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A.	o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	North Port FL 34286
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age	

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>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>S</u> a	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>s/T</u>	Thomas L. Hill (Deceased) See Death Certif Attached	2827 Strawberry Terrace North Port, FL 34386
2) Change Add Remove			
3) Change Add Remove	*******		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articulary (utach additional sheets, if necessary).	(Be specific)
N/A	
	•
· · · · · · · · · · · · · · · · · · ·	
	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
Thomas L. Hill. NANCY D. Hill W.	- Deceased
NANCY D. Hill W.	ow sale owner)
/	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: 5-27-12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	5/29/12 4/ 0 11:00
Signature	Many D. Hill
(By a select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Nancy D. Hill (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)