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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 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & ■ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed), **Mailing Address** Street Address Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Incorporati	on	F
	of	Λ Λ	FILE
Ju	DU GRINE	R. P. A.	10 NOV 18 PM
(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)	SECO PM
<u></u>	2990000	771960	ALLAHAMIN DE O
(Document Nur	nber of Corporation (if kn	own)	SECRETATIONS ALLAHASSEE/EL
`			
resuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	6, Florida Statutes, this i	Florida Profit Corporat	ion adopts the follo
If amending name, enter the new name of	f the corporation:	A	
Julith	ANN CRILL	ED DA.	The new
me must be distinguishable and contain	the word "corporation,"	" "company," or "inco	
breviation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Ir	ic," or "Co". A profes.	sional corporation
me must contain the word "chartered," "pro	ofessional association," oi	r the abbreviation "P.A.	<i>"</i>
Enter new principal office address, if app			
rincipal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
			-
	<u> </u>		_
Entar non-mailing address if analisable			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
			
			
			
If amending the registered agent and/or		in Florida, enter the na	me of the
new registered agent and/or the new regi	stered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address	
Trow 200 into the Office Hadrens.	(1 torium street	auar essy	
		, Florida	a
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changi			
ereby accept the appointment as registered a	igent. I am familiar with	and accept the obligation	ns of the position.
 -	Signature of New Registere	ad Apart if abarraina	•

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
			Add
	nding or adding additional Art additional sheets, if necessary).		
-			
provis		change, reclassification, or cancellendment if not contained in the an	
		.,,	

The date of each amendment(s) adoption: 16/5/2010
For the data to an alternation	(date of adoption is required)
Effective date <u>if applicable:</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wen must be separately provided	c approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	"
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	11/10/2010
Signature	Guder Grines
sclee	a director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Tudy GRINER (Typed or printed name of person signing)
	Title of person signing)