591273

| (Re | questor's Name) | |
|---|--------------------|-----------------|
| . (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ry/State/Zip/Phone | ? #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
SECRETARY OF STATE

Amend News 5-19-10

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: COSMO - LINE NC, (Name of Corporation) |
| DOCUMENT NUMBER: 591273 |
| DOCUMENT NUMBER: 591273 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| BASILE C PERTSAS (Name of Person) |
| Cosmo-LWE NC, (Name of Firm/Company) |
| P.O. Box 16224 (Address) |
| CLEAR WATER FL 33766 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| BASILE C. FERTSAS at (727) 386-4127 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

| COSMO-LIN | IE NC | FILE | Ð |
|--|---------------------------------------|--|---------------------------------------|
| (Name of Corporation as curre | | a Dept. of State) | |
| 591273 | | 2010 HAY 18 P | <u>и: то</u> |
| | ber of Corporation (if kno | wn) SECRETARY OF | , , , , , , , , , , , , , , , , , , , |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | , Florida Statutes, this F | wn) SECRETARY OF S TALLAHASSEE, File Ilorida Profit Corporation adopts the following | WHEA SWINGA |
| A. If amending name, enter the new name of | the corporation: | | |
| | | The new | |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "professional actions are must be distinguishable and contain the abbreviation and contain the abbreviation and contain the abbreviation and contain the abbreviation are must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the abbreviation are must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professional actions are must contain the word "c | designation "Corp," "Inc | c," or "Co". A professional corporation | |
| B. Enter new principal office address, if appl (Principal office address MUST BE A STREET | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | EBOX) P. | 0. Box 16224 EARWATER FL 33766 | |
| | Chi | EARYSATER, FL 33766 | |
| D. If amending the registered agent and/or renew registered agent and/or the new registered | | n Florida, enter the name of the | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | (Florida street a | address) | |
| <u>-</u> | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag | | and accept the obligations of the position. | |
| Sis | gnature of New Registered | d 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|--|
| VPS | BASILE C. PERTSAS | 2519 MMULLEN BOAH SVITE 510-248 CLEARWATER FL 33761 | Add Remove |
| _\$_ | BASILE C. PERTSAS | 2519 Mr MULLEN BOOTH SOITE 5 (0-248 CI FARWATER F233 | Add Remove |
| | | | Add Remove |
| | ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specific | | |
| | endment provides for an exchange, recla | | |
| | ns for implementing the amendment if not applicable, indicate N/A) | ot contained in the amendment i | tself: |
| | | | |
| | | | |
| | | | * ************************************ |

| The date of each amendment(s) a | adoption: Mry 17, 2010 |
|--|--|
| | doption: <u>MtY 17, 2010</u> (date of adoption is required) |
| Effective date <u>if applicable</u> : (no | o 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. |
| The amendment(s) was/were apmust be separately provided for | pproved by the shareholders through voting groups. The following statemer reach 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 | • |
| (vo | ting 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 | 44 17, 2010 |
| (By a di selected | tector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| _ | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | PREBIDENT (Title of person signing) |
| | (Title of person signing) |