## V56599

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AUG 0.7 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Georg	e S. Lau	er INC	
DOCUMENT NUMBE	1/ ~/			
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
	Kat	Name of Contact Person	wen	
	,	Firm/ Company		
_	322		George Dr.	
_	Dun		37327	
E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, pleas	e call:		
Lathy	M. Laven Contact Person	at ( 305 Area Coc	401-4715 le & Daytime Telephone Number	
	he following amount made p			
□ \$35 Filing Fee	2\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailir</u>	g Address	Street A	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

cles of Incorpora of

(Name of Corporation as currently	T NC filed with the Florida Dept. of State)	
	filed with the Florida Dept. of State)	
V56599		
(Document Number of	Corporation (if known)	<b>20</b>
Pursuant to the provisions of section 607.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following am	' f ; ——
its Articles of Incorporation:		
A If amonding name actor the name and the asymptotical	- 	200
A. If amending name, enter the new name of the corporation:	· · · · · · · · · · · · · · · · · · ·	၃၈ <u> </u>
N/A	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"	Co". A professional corporation name must control	
B. Enter new principal office address, if applicable:	n// v4	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		<del></del>
C. Enter new mailing address, if applicable;	Kathy mlaven &	20/00
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Rainy maden e	101,000
	······································	
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 Kath	m-Laver	
n/1 n		
(Florida stre	pet address)	
New Registered Office Address: 522 La/CE	Corge W., Florida	<del></del>
(	(City) (Zip Code)	
N. D. C. A. C. C. A. LEL C. D. C. A. L.		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
	street we conference of the position	
NIA		
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 <math>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	PT John D	<u>00e</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>lmith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	$M_{\Lambda}$ .	George Zaven	322 Lake George D Dunlap, TN 3732
Add			Skenlap, Th 3732
Remove			
2) Change	Ms.	Lathy M. Lave	n 322 Lake Leongi ih Juntap, TN 3732-
Add		/	_ New ap, 1 N 5732=
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			<del></del>
Remove			
5)Change	<del></del>		
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

(Attach ada	ng or adding additional Articles, enter change(s) here:  ditional sheets, if necessary). (Be specific)
n/1	la l
<del> </del>	<del>-</del>
<del> </del>	
	•
. If an aman	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	s for implementing the amendment if not contained in the amendment itself:
(if noi	t applicable, indicate N/A)
10/	<del>F</del>
· · · · · · · · · · · · · · · · · · ·	
···· - · · · · · · · · · · · · · · · ·	
.,,	

Effective date <u>if applicable</u> :					
	(ne	o more than !	90 days after an	nendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do			icable statutory	filing requirements,	this date will not be listed as th
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/were add by the shareholders was/were su			ne number of vo	es cast for the ameno	iment(s)
☐ The amendment(s) was/were approvided for must be separately provided for					
"The number of votes cast	for the amendme	ent(s) was/we	ere sufficient for	approval	
by	(voting )			, ,,	
	(voting )	group)			
☐ The amendment(s) was/were add action was not required.	pted by the boar	rd of director	s without shareh	older action and sha	reholder
The amendment(s) was/were add action was not required.	pted by the inco	rporators wit	hout shareholde	r action and sharehol	lder
Dated	<sup>'</sup> -3-	15	<u> </u>		
Signature	Vathe	m	1		
(By a d				s or officers have no	
	by an incorpor ed fiduciary by 1			eiver, trustee, or oth	er court
шрро	1/		,		
		ath	m- 1	aven	
	(Тур	ed or printed	name of persor	signing)	
		Wil	e - 0	Geneficia	· Au