P10000031775

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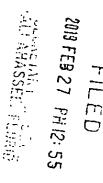
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	LL Enterprise of RATION: P10000031775	Florida, Inc	
DOCUMENT NUM			
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Logan Lane		
		Name of Contact Per	son
	P.O. Box 15652	Firm/ Company	
	Tallahassee, FL 32317	Address	
		City/ State and Zip C	nde
L.L	ane1865 @gmail.com		
	É-mail address: (to be used for future ann	ual report notification)
			•
For further information	on concerning this matter, pleas	se call:	
Logan Lane		850 at (590-6850
Name	of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:
■ \$35 Filing Fee	□\$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ame Divi Clift	et Address ndment Section sion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2019 FEB 27 PH 12: 55

L Enterprise of Florida, Inc			PLULEIAKT IN U.S.
(<u>Name of Corporation a</u> 210000031775	s currently filed with the	Florida Dept. of State)	
(Docume	nt Number of Corporation	(if known)	
ursuant to the provisions of section 60' acorporation:	7.1006, Florida Statutes, th	is corporation adopts the following	g amendment(s) to its Articl
. If amending name, enter the new nignDesign Promotionals, Inc	ame of the corporation:		
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	
		2609 Malin Dr	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		Tallahassee, FL 32309	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 15652	
(maining saures) <u>may 22, 71, 70, 71</u>	OTTICE BON	Tallahassee, FL 32317	
. If amending the registered agent as new registered agent and/or the ne			of the
Name of New Registered Agent			
. —	2609 Malin Dr		
	(Florida	street address)	
New Registered Office Address:	Tallahassee	, Florida	309
	(Cit	אין	(Zip Code)
ew Registered Agent's Signature, if o	hanging Registered Agen	<u>ıt:</u>	
hereby accept the appointment as regis	tered agent. I am familian	with and accept the obligations of	the position.
	and the of No.	Manual (Cabanaia)	
31	gnature of New Registered	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 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Кепюче			
2) Change		***	
Add			
Remove			
3) Change			
Add			····
Remove			<u> </u>
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
Kelliste			
5) Change			
Add			
Remove			
0 0			
6) Change			**************************************
Add			
Remove			

(amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
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	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
Įį	provisions for implementing the amendment if not contained in the amendment itself:
Į	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
[<u>]</u>	provisions for implementing the amendment if not contained in the amendment itself:
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02-27-2019

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
02-27-201	19	
Dated		
Signature		
selgere	thrector, president or other officer – if directors or officers have not been to by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	Logan E. Lane	
	(Typed or printed name of person signing)	
	Officer	
	(Title of person signing)	