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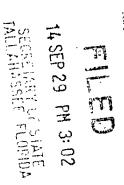
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: G5 LIVE IN	IC		
DOCUMENT NUMB	ER: P1400006922	8		
				ALLE
Please return all corres	pondence concerning this ma	tter to the following:		五 <u>二</u>
	CLARANCE EDN	/IEADE		m _C
-	G5 LIVE INC	Name of Contact Perso	n	T (1710A
•	337 NW 170 STF	Firm/ Company REET		y
•	MIAMI, FL. 33169	Address		
Address MIAMI, FL. 33169 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CLARANCE EDMEADE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:				
	concerning this matter, pleas	se call:		
			_ /	umber
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
Ame Divis P.O.	ndment Section sion of Corporations Box 6327	Ameno Divisio Cliftor 2661 E	Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

G5	1.1	IN /	IN	~
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(Name of Corporation as currently filed with the Florida Dept. of State)

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	Articles of Ame	endment '				
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•	Articles of Incor	poration -	<u>;</u> :	· 55.	2 1	
	of		•		-0 61000	
CELIVE INC		· ·	· .		N)	
G5 LIVE, INC.		<u> </u>		<u>. 6</u> 4)		đ.
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)		المساور المساور	~~ <u>~</u> ; } •	
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(Documer	nt Number of Corporation (if k	(nown)			Q_{i}	
Pursuant to the provisions of section 607.	1006 Florido Statutos this Ef	ionida Profit Comor	etian adante the	following ama	ndment(e) to	
its Articles of Incorporation:	1000, Florida Statutes, tills Fr	orma rrojn Corport	tuon adobis nie	TOHOWING AMIC	noment(s) to	
its Articles of Incorporation.	· ·					
A. If amending name, enter the new na	me of the corporation	•				
4				· .		
		<u> </u>		The	new	
name must be distinguishable and con						
"Corp.," "Inc.," or Co.," or the design			còrporation na	me must conta	in the	
word "chartered," "professional associa	tion," or the abbreviation "P.	. A ." - ''			•	
				` .		
B. Enter new principal office address.						
(Principal office address MUST BE A S	TREET ADDRESS)	• •	•			
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	•	•	•	•		
			•		•	•
C. Enter new mailing address, if appli	icable:					
(Mailing address MAY BE A POST				·	**	
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			·	<u> </u>		
	• · ·	•	•			
				<u> </u>		
					.	
D. If amending the registered agent an		<u>ss in Florida, enter i</u>	the pame of the	1		
new registered agent and/or the ne	w registered office address:		• ::	•	•	
: Name of New Registered Agent	*	•				
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	·······				,	
* *	(Florida stree	et address).		•		
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New Registered Office Address:			Florida	<u>Cada</u> .		
<i>;</i> •	(City)	4	(Lip	Code)		
			•			
					•	
New Registered Agent's Signature, if c	hanging Registered Agent:	• •	•.			
Thereby accept the appointment as regist	tered agent. I am familiar wi	th and accept the ob	ligations of the	position.		
	_	,	•			
		· .	 •			
Si	gnature of New Registered Ag	zent, if changing	·			

7 1 6 a	mending or add	ing additions	al Antiolog er	· ster change(s)	here		•		W 6	4	
(Att	ach <i>additional sh</i>	eets, if necess	sary). (Be s	pecific)	nere.				•		
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pr	ovisions for imp (if not applicat	lementing the	e amen <u>dme</u> n	t if not contai	ned in the	amendmen	t itself:		,		
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address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or Director if necessary) vector title by to President; T= Chief Finance in the followin wes the corpor	or being added: he first letter of the of Treasurer; S= Secret cial Officer. If an of the PTD. ng manner. Currently ation, Sally Smith is i	ffice title: tary; D= Director; T ficer/director holds n y John Doe is listed a	R= Trus nore tha is the PS	rector being removed and title, name, and stee; $C = Chairman \ or \ Clerk$, $CEO = Chief$ in one title, list the first letter of each office. T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
X Change	PT John	<u>Doe</u>			·
X Remove	V Mik	e Jones	,		
X Add	SV Sall	y Smith	•		
Type of Action (Check One)	Title	<u>Name</u>			Address ,
1) Change	TRES	FRANCISC	O ESTRABAO		7940 NW 201 TERRACE
Add					HIALEAH, FL. 33015
Remove	• • •	•			 .
2) Change	· 			· · ·	· · · · · · · · · · · · · · · · · · ·
Add	•		•	•	
Remove			•		
3) Change			·	<u>.</u>	S T
Add		•			
Remove					
4) Change		•			
Add	<u>:</u> ·				
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6)			••••		
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Add		;		•	<u> </u>

he date of each amendment(s)	rdoption: 09/2/2014	_		•	if other than the
ate this document was signed.				•	
ffective date <u>if applicable</u> :		. ,	,		
meetive date <u>ir appricatie</u> .	(no more than s	90 days after amei	ndment file date)	-
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doption of Amendment(s)	(<u>CHECK ONE</u>)	,			
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The sufficient for approval.	e number of votes	cast for the amo	endment(s)	
The amendment(s) was/were a must be separately provided for	oproved by the shareholders thror each voting group entitled to				
"The number of votes can	t for the amendment(s) was/we	re sufficient for ap	proval		
by			"		•
•	(voting group)	•		•	
action was not required. The amendment(s) was/were a action was not required.	dopted by the incorporators with	hout shareholder a	ction and share	nolder	P 29 PY
Dated 09/02/	2014				بن ين
Dated	7	`	→ [`]		97 0
YV C) `		•	E E
selec	director, president or other offi ed, by an incorporator – if in the nted fiductary by that fiduciary	ne hands of a recei			_ ¥
	Clarance Edmeade	-			
		printed name of pe	erson signing)	,	
	President				• , •
	(Ti	itle of person signi	ng)		
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