

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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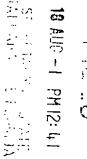


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R. WHITE AUG 0 3 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LasT HURRAH CORP	-
DOCUMENT NUMBER:	-
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PHILIP DATICO Name of Contact Person	
LAST HURRAH, CORD	
133 Am HERST In	 -
Lakk Worth FL 33467 City State and Zin Code	
City/ State and Zip Code PMPR m 6 m T	_
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
PHILE Martice at (561) 410-491 Name of Contact Person Area Code & Daytime Telephone Nu	0
	mber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

to
Articles of Incorporation

FILED

18 AUG - 1 PM 12: 41:

hAST HURS	?AH.	CORP	51 II)	CAR BIAIL
P 14 000	10 GO	ly filed with the Florid	ia Dept. of State)	
/ / / / / / / / / / / (Do	ocument Number o	f Corporation (if known	1)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit Corpord	ation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the	ne corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "	'Co". A professional o	incorporated" or corporation name	the abbreviation must contain the
B. Enter new principal office address, if applic		<u> </u>		
(Principal office address <u>MUST BE A STREET</u>)	ADDRESS)			
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX</u>)			
D. If amending the registered agent and/or reg new registered agent and/or the new registe			he name of the	
Name of New Registered Agent				
	(Florida str	eet address)		
New Registered Office Address:			, Florida	
		(City)		(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ageing	Registered Agent: nt. I am familiar v	i with and accept the obli	gations of the posi	tion.
<u> </u>	Signature of New R	egistered Agent, if char	nging	

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.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	\mathcal{T}_{-}	MATHEW Antico	133 AMHROST L
Add			LAKA WOOTH FL
X Remove			33467
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			<u></u>
6) Change			
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·

	rticles, enter change). (Be specific)			
	·	**************************************		
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	<u></u>			
f an amendment provides for an ex provisions for implementing the an	change, reclassificat	ion, or cancellation	of issued shares,	
(if not applicable in disease 1995)	renament if not cont	anien in the amendi	nent itsen:	
(у посаррисавіе, inaicate N/A)				
(if not applicable, indicate N/A)				
у пот аррисавіє, inaicate N/A)				
у погаррисавіє, іпасале N/A)				
у погаррисавіє, іпаісаїє N/A)				
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у посаррисавіє, іпаісате N/A)				
(у посаррисавіе, іпаісате N/A)				
(у посаррисавіе, іпаісате N/A)				

The date of each amendment(s) ad date this document was signed.	loption:/_		, if other than th
<u> </u>			
Effective date <u>if applicable</u> :	(no more than 9	00 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		cable statutory filing requirements, the	his date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The	e number of votes east for the amendr	nent(s)
		ough voting groups. The following st vote separately on the amendment(s)	
"The number of votes east f	for the amendment(s) was/wer	re sufficient for approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
The amendment(s) was/were adopaction was not required.	pted by the board of directors	without shareholder action and share	holder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators with	nout shareholder action and sharehold	cr
selected	rector, president or other office, by an incorporator – if in the ed fiduciary by that fiduciary)	cer – if directors or officers have not e hands of a receiver, trustee, or other	esedud been court
-	(Typed or printed	name of person signing)	
-	PRESIL	OK (T.)	