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Office Use Only



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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHREW CONSUL	TATING INC.		
DOCUMENT NUMB	ER: P18000023754			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	TRACEY SHREWSBURY			
	-	Name of Contact Person		
		Firm/ Company		
	14621 KIRSTEN CT			
•	DAVIE, FL 33325	Address		
	-	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	tracey5233@bellsouth.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
TRACEY SHREWSB	URY	954 at (109 360D	
Name of Contact Person		at (954) (493600) 609 3600 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	atment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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Articles of Amendment Articles of Incorporation

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SHREW CONSULTATING INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000023754		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	i(s) to
A. If amending name, enter the new name of the corporation:		
SELF LOVE REQUIRED INC.	The new	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	P)	. •
C. Catanana and the state of the state of		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
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	<del></del>	ري دي
D. If amending the registered agent and/or registered office address		
new registered agent and/or the new registered office address:		37. (3)
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Re	egistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> <u>John</u>	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Jones			
X Add	<u>SV</u> <u>Sally</u>	Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change	Mr.	Philip Shree	vsbury_	14621 Kirsten Ct. Dane FL 33325	
Add Remove  2) Change	P Alrs			JAMER 33325 14621 Kirsten Dane FL 3332	<u></u>
X Add		, ,	1,	Dane FL 3332	5
Remove 3 )	<del></del>	. <del>.</del>			
Remove 4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add	<u> </u>				
Remove					

Attach <i>additi</i>	or adding additional Artic mal sheets, if necessary).	(Be specific)	<del></del>		
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f an amendi provisions f (if not a	nent provides for an exchaor implementing the amenoplicable, indicate N/A)	inge, reclassificat dment if not con	ion, or cancellation	on of issued shares, ndment itself:	
	<del></del>			<del></del>	
			-		
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				<del></del>	

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
3/11/20. Dated	20	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee cointed fiduciary by that fiduciary)	
	TRACEY SHREWSBURY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	