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THE ROLE OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EDITIONS GAIAG	C, CORP.	
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KATRINA R. LADSON		
		Name of Contact Person	n
	HIDDEN TREASURES BU	ISINESS & FINANCE EM	MPORIUM LLC
		Firm/ Company	
	150 S. PINE ISLAND ROA	<u>.</u>	
		Address	
	PLANTATION, FL 33324		
		City/ State and Zip Cod	e
	THEWEALTHCHANNEL@	•	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
KATRINA R. LADSO	N	954 at (770.3838
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment 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)
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

Articles of Amendment to Articles of Incorporation of

EDITIONS GAIAC, CORP

(Name of Corporation as currently fi	<u>led with the Florida Dept.</u>	<u>. of State</u>)	
P20000014944			
(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation ad	opts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:			
EDITIONS LI+, CORP.			The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" o rofessional corporation no	or the abbreviation ime-must-contain	on "Corp" n the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the nan	ne of the	
Name of New Registered Agent	<u> </u>		-
(Florida street e	address)		-
	·	mi. Ju.	
New Registered Office Address: (Ci	y)	Florida(Zip (Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with	and accept the obligations	of the position.	SECRETARY OF COR
Signature of New Regi:	stered Agent, if changing		64:1 HG

 \Box 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)

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>	Name	Address
1) X Change	PST	VOLCY, ISAAC	3200 N. HIAWASSEE ROAD
Add			#682147
Remove			ORLANDO, FL 32868
2) Change			
Add			_
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additie	or adding additional onal sheets, if necessar	y). (Be specific)	angers) here.			
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		-		<u>.</u>		
						
If an amendr	ment provides for an or implementing the	<u>exchange, reclassi</u> amendment if not	fication, or cance contained in the	llation of issued s amendment itsel	shares, f:	
(if not ap	pplicable, indicate N/A)			_	
			-			·

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approva	ıl
by	 .'
(voting group)	
Dated	
Signature J-HP	
Signature (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, transpointed fiduciary by that fiduciary)	
ISAAC VOLCY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	