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(((H18000299536 3)))



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COR AMND/RESTATE/CORRECT OR O/D RES MI-LOR CASUAL, INC.

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COVER LETTER

Division of Corporation	าร					
NAME OF CORPORATION	ON: MI-LOI	R CASUAL, INC.				
DOCUMENT NUMBER:	276004					
The enclosed Articles of Am	endment and fee are su	bmitted for filing.				
Please return all corresponde	ence concerning this man	tter to the following:				
	λ	lichael Kammer, Esq				
		Name of Contact Person	n			
	Fran	k, Weinberg & Black	, P.L.			
	Firm/ Company					
	7	7805 S.W. 6th Court				
	Address					
		Plantation, FL 33324				
		City/ State and Zip Cod				
		•	,			
		kammer@fwblaw.ne ed for fiture annual report	1/			
•	s-man andress. (w be us	ed for future amidal report	noducation)			
For further information conc	erning this matter, pleas	e call:				
Michael Ka	ammer, Esq.	at (954	y 474-8000 de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount made	payable to the Florida Dep	artment of State:			
\$35 Filing Fee E	3\$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 A	ddress	Street	Address			
Amendme			Iment Section			
	f Corporations		on of Corporations			
P.O. Box			Building			
Tallahassa	e, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Incomo	rporation	
MI-LOR CASU	JAL, INC.	
	filed with the Florida Dept. of State)	
376004	l .	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the folio	wing amendment(s) t
A. If amending name, enter the new name of the corporation:		
SPEARIT HOLI	DINGS, INC.	'√The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name m	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>
(17mapa office dumess most but a street abouting)		
		<u> </u>
C. Tatanana malling address (familiarly)		75, 3
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		**
		17
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	1 address)	 -
·	,	
New Registered Office Address: (C		Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position	on.
Computering of Many Day	cietared Accept if changing	

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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: XChange	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	2	Address
1) Change		-		
Add				
Remove				
2) Change				_
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			·	
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

Page 2 of 4

	ts, if necessary). (es, enter change((Be specific)			
		 -			
					
					
				·	
			 		
					
n amendment pro-	vides for an excha-	nge, reclassificat	tion, or cancellation	on of issued share	<u>s,</u>
if not applicable	niending die kalleng , indicate N/A)	different if HOL CON	MINES IN THE MINES	200000000000000000000000000000000000000	
				•	
					-

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 c	iays after amendment file date)
Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vo	th voting groups. The following statement te separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were	sufficient for approvat
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors water action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	it shareholder action and shareholder
Dated 10-15-18	
Dated 10-15-18 Signature x Mulal Olut	
(By a director, president or other officer	
	nands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Michael	S. Aldrich
(Typed or printed na	ime of person signing)
Preside	ent
(Title of	person signing)