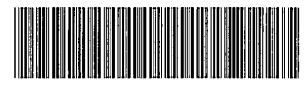
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Cuttin-Loose, Inc.		
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I.	.cyła Scaparone		
_		Name of Contact Persor	1
J.	ohn P. Maas, Attorney at La	w	
_	# ¥I	Firm/ Company	
4	4 NE 16 Street		
_	<u>-</u>	Address	
H	Iomestead, Florida 33030		
_		City/ State and Zip Code	:
For further information	E-mail address: (to be us	see call:	notification)
Leyla Scaparone		at (247-7132
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cuttin-Loose, Inc.				
(Name	of Corporation as currently fi	led with the Florida Dept. of St	ate)	
689805				
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts th	ne following amendment((s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corporation n	or the abbreviation ame must contain the	
B. Enter new principal office address, (Principal office address MUST BE A S				
 (Mailing address MAY BE A POST D. If amending the registered agent arnew registered agent and/or the new 	od/or registered office address	in Florida, enter the name of th	<u> </u>	19 £
	Ashley Lauren Talley		<u> </u>	AUG
Name of New Registered Ayent	523 North Krome Avenue, #1			-5
	(Florida street address)			<u> </u>
New Registered Office Address:	Homestead		la 33030	
	(Ciu	(y)	(Zip Code) 📛 🙃	න (න
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligations of the	position.	
	Signature of New Reg.	Stered Agent, if changing		

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	SDP	Julie Nicotra	523 North Krome Avenue, #1	
Add			Homestead, FL 33030	
X Remove				
2) Change	PD	Ashley Lauren Talley	523 North Krome Avenue, #1	
X Add			Homestead, FL 33030	
Remove	SD	LetYrox Strong Tollox	523 North Krome Avenue, #1	
3) Change	SD	Jeffrey Stuart Talley		
X Add			Homestead, FL 33030	
Remove			<u></u>	19
4) Change		_	いき - エカ - 一	AUG
Add			V.S.	55
Remove				
5) Change				100 80
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

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				74.55 74.55 74.55 74.55	AUG-5
an amendment provides for	r an exchange, reclassificat	tion, or cancellation	of issued shares.	21-7 21-7 21-7	
provisions for implementing (if not applicable, indicat	<u>the amendment if not con</u> • X A)	tained in the amend	ment itse <u>lf:</u>		2
tų ma uppateume, mateur	(, (,))			⇒ <u>+</u> .	
					CO
					CO

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK QNE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by," (voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	19 AUG -5 AHII: SLORGIANA OF STA
(Typed or printed name of person signing)	100 m
President (Title of person signing)	
(Title of person signing)	