766298

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

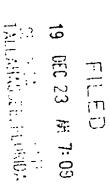




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JAN 2 8 2020 S. YOUNG



COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: X S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment ${\bf 01}$ Articles of Incorporation

Articles of incorporation of	
Investing In Futures, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
766298	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpora</i> amendment(s) to its Articles of Incorporation:	ation adopts the following
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrev "Company" or "Co." may not be used in the name.	iation "Corp." or "Inc."
B. Enter new principal office address, if applicable: 4815 50 UTh t	NINO Ct.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Mulberry, FL	33860
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O. BOX 645	1
(Mailing address MAY BE A POST OFFICE BON) Lakeland, FL	33807
D. If amending the registered agent and/or registered office address in Florida, enter the name	g of the
new registered agent and/or the new registered office address:	<u> </u>
Name of New Registered Agent: QULL DUI	<u>lam</u>
4815 Southwing	1 CT.
(Florida street address) New Registered Office Address:)
$\frac{Mulkery}{Civ}$.	Florida <u>33860</u> (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.
1. (SOLNO LULIO)	
Signalise of New Registered Agent, if ch	ranging EC 23
\bigvee	23
Page I of 4	
~	C 23 M 7: 08
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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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	_ <u>D</u>	pavid Wine	6632 Lemon Tree Drive Lakeland, FL 33813
Remove 2) Change Add	<u>D</u>	Josh Daniels	405 W. Lake Elbert drive N.E. Winter Haven, FL 33881
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		***	
Remove			
6) Change Add			
Remove		N 2 . C I	
E. If amending or a (attach additional)	dding additional sheets, if necessar	Page 2 of 4 Articles, enter change(s) here: (b) (Be specific)	
		/ / / / / / / / / / / / / / / / / / / /	
			1

N/A		
*		
		
		
		
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	Page 3 of 4	
The date of each amendment(s) adoption date this document was signed.	n:	, 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 document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Á

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

President

President

(Title of person signing)