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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FUEKIDS, INC
DOCUMENT NUMBER: 384725
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID SIMON, CPA Group Name of Contact Person The Simon-Crain CPAs Firm/ Company 8925 SW 148 St. #218 Address Miami FL. 33176 City/ State and Zip Code Minnie Simoncpa. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Simon at 305 234-2797 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations Division of Corporations Cliffon Parilling
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	
Tive Kids, I	- NC
(Name of Corporation as current)	y filed with the Florida Dept. of State)
<u> </u>	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	an a
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Medley larchouse
	Miani, FL 33/6/e
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	David Simon 8925 SW 14851-#216
	Miami, Fh 33176
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address Name of New Registered Agent David F	
8925 SW (Florida str	148th St., Ste. 218 reer address)
New Registered Office Address: Miani	(City) . Florida 33176 (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.
David Simon	
Agnature of New k	Registered 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.

wike Jones, v as Remov	e, ana sa	uty smun, sv t	as an Aaa.						
Example: X Change	PT	John Doe							
X Remove	<u>V</u>	Mike Jones							
X Add	<u>sv</u>	Sally Smith	1						
Type of Action (Check One)	Title		<u>ame</u>			Address			
1) Change		<u> </u>	ugh 1	A. AND	ERSON	JR. =	3300 f	ortRo	x19/[
Add Remove 2) Change		<u>UR</u>	1007 1 211 FORTI	A. AND V. Fede LAUDET	val Huy 2001e 3304	70rt	33 ·Laud	undele,	FL. 328
Add			· · · · · · · · · · · · · · · · · · ·		/				
Remove									
3)Change							•		
Add									
Remove							<u>.</u>		
4) Change									
Add									
Remove								<u></u>	
5) Change					<u> </u>				
Add									
Remove								······································	
6) Change									
Add									
Remove									

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
··· ·· · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 9.28.17. date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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 we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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	
, ""	
(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.	
Dated9.28-17	
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)	
LINDA K. ANDERSON (Typed or printed name of person signing)	
President	
(Title of person signing)	