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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Above All Mames NO4000002433
DOCUMENT NUMBER: NO4 DOCCOO 2433
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rush Coope
Name of Contact Person)
Above Alh Mames (Firm/ Company)
801 (5 Olive Ave #1521
801 S Olive Ave #1521 West Palm Beach Fl. 33401
West Falm Beach H. 33401
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ruth Cooper 1 561 685-1230
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 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 Street Address Amendment Section Division of Corporations
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

Above All	of War on all	
(Name of Corporation as current		care)
	00002433	
(Document Numbe	r of Corporation (if known)	
rsuant to the provisions of section 617,1006, Florida Statutes nendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corpo	pration adopts the following
If amending name, enter the new name of the corporation The Dee Dream The Dee D	eunda Hon Inc.	The new
ame must be distinguishable and contain the word "corporati Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbro	eviation "Corp" or "Inc."
Enter new principal office address, if applicable:		. 2
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		19 E
		: O
		<u> </u>
Enter new mailing address, if applicable:		; 3.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		: :: : ::
		. 3
If amending the registered agent and/or registered office	e address in Florida, enter the nar	ne_of the
new registered agent and/or the new registered office ac		
Name of New Registered Agent		
	(Florida street addr	ess)
New Registered Office Address:		
		, Florida
-	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered	Agent:	
nereby accept the appointment as registered agent. I am fan		is of the position.
· · · · · · · · · · · · · · · · · · ·		
	annua of Vere Projetered Agent if	Calcavaina

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 A Add	PT John Doe V Mike Jones SV Sally Smith		
Type of Action (Check One)	Title Name		<u>Addres</u> s
1) Change Add Remove	***************************************		
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	/_		
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

atach additional shee	g additional Articles, enter ch ts, if necessary).— (Be specific)			
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The date of each amendment(s) adop	tion: June 24-2019	, if other than the
late this document was signed.		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<u>Vote:</u> If the date inserted in this block locument's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not timent of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop was/were sufficient for approval.	ited by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	ne .21/2019	
Signature	in or vice chairman of the board spresident or other officer-it directors	
have not been:	selected, by an incorporator – if in the hands of a receiver, trustee, or soluted (iduciary by that tiduciary)	
	Ruth Cope R (Typed or printed name of person signing)	
	Tresule of	

(Title of person signing)