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SECRETARY OF STATE STATE OF CORPORATIONS

Amend (1.15.13

COVER LETTER

Division of Corporations		
AME OF CORPORATION: A LABOR	R OF "HIS" I	LOVE, INC.
DCUMENT NUMBER: N11000004		
ne enclosed Articles of Amendment and fee are sub		
·	-	
ease return all correspondence concerning this matt	er to the following:	
OREEN MALCOLM		
	(Name of Contact Perso	n)
LABOR OF "HIS" LO	/E, INC.	
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)	
2613 NW 2ND STREET		
	(Address)	
POMPANO BEACH, FL	33069	
	(City/ State and Zip Coo	le)
dmalcom2011@y	/ahoo.com	
E-mail address: (to be use	d for future annual report	notification)
or further information concerning this matter, please	e call:	
OREEN MALCOLM	_{at (} 954	601-7536 Code & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
nclosed is a check for the following amount made p	ayable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISION OF CORPORATIONS 13 JAN 14 DE
13 JAN STATE
13 JAN 14 PH 24 51

A LABOR OF "HIS" LOVE, I	NC.	State)
(Name of Corporation as currently filed	l with the Florida Dept. of	State)
N11000004200		
(Document Num	ber of Corporation (if know	n)
ursuant to the provisions of section 617.1006, I mendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	a Not For Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
ame must be distinguishable and contain the w Company" or "Co." may not be used in the no		The no prporated" or the abbreviation "Corp." or "Inc.
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or re new registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		
lew Registered Office Address:	(Florida street a	ddress)
		. Florida
	(City)	Florida (Zip Code)
lew Registered Agent's Signature, if changin hereby accept the appointment as registered a		nd accept the obligations of the position.
Signature	of New Registered Agent, i	f changing

Page 1 of 4

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) X Change	VP	LLOYD A. MALCOLM	2613 NW 2ND STREET
Add			POMPANO BEACH, FL
Remove			33069
2) Change			
Add			
Remove			
3) Change		_	
Add			**************************************
Remove			
4) Change	 	_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	 -		
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The date of each amendment(s) adoption: 12/3/12			
Effe	ective date if applicable: 12/3/12		
	(no more than 90 days after amendment file date)		
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Dated 12/3/12		
	Signature XIIInflutioln		
	(By the chairman or 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)		
	DOREEN L. MALCOLM		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		