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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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R. WHITE

SECRETARY OF STAT

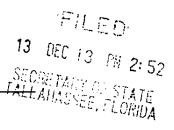
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Birtho	day Wish, Ir	nc.
DOCUMENT NUMBER: N1100008	833	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Sherry Sturner		
	(Name of Contact Persor)
Morgan Scott Holdings, L	LC	
	(Firm/ Company)	
2890 NE 187th Street		
	(Address)	
Aventura, FL 33180		
	(City/ State and Zip Code	3)
sherry@sturner.co		
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please of	call:	
Sherry Sturner	_{at} 305	725-5296
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of



The Birthday Wish, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Doct	ument Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate	1006, Florida Statutes, this <i>Florida N</i> ion:	lot For Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and contain "Company" or "Co." may not be used in		The no orated" or the abbreviation "Corp." or "Inc
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST C</u>		
If amending the registered agent and new registered agent and/or the new	d/or registered office address in Flo registered office address:	orida, enter the name of the
Name of New Registered Agent:	Morgan Scott Holding	ıs, LLC
	2890 NE 187th Stree	<u>t</u>
New Registered Office Address:	(Florida street addr.	ess)
	Aventura	, Florida 33180
	(City)	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent:	
hereby accept the appointment as registe	ered agent. I am familiar with and a	accept the obligations of the position.
	Signature of New Registered Agen	t, if 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	V <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l)Change	CEO	Brittany Sturner	2890 NE 187th Street
X Add			Aventura, FL 33180
Remove			-
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)

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a. Said Organization is organized exclusively for charitable, religious, educational
and scientific purposes, including, for such purposes, the making of distributions
to organizations that qualify as exempt organizations under section 501 (c)(3) of the
Internal Revenue Code, or corresponding section of any future federal tax code.
b. Upon the dissolution of the organization, assets shall be distributed for one or more
exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code
or corresponding section of any future tax code, or shall be distributed to the
federal government, or to a state or local government, for a public purpose. Any such
assets not disposed of shall be disposed of by the Court of Common Pleas of the county
in which the principal office of the organization is then located, exclusively for such
purpose or to such organization or organizations, as said Court shall determine, which
are organized and operated exclusively for such purposes.

The date of each an		December 2, 2013	, if other than the
date this document w	as signed.		
Effective date if app	olicable:		_
		(no more than 90 days after amendment file date)	
Adoption of Amend	ment(s)	(CHECK ONE)	
	(s) was/were adopient for approval.	oted by the members and the number of votes cast for the amendment(s)	
	embers or member board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	Decemb	er 2, 2013	
154104			
Signati	ire		
	(By the chairma	an or vice charman of the board, president or other officer-if directors	
		selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
S	herry Sturi	ner	
	T)	yped or printed name of person signing)	
<u></u>	ice Preside	ent	
		(Title of person signing)	