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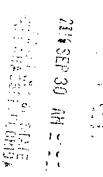
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	PHIL'S ELITE FRIEN N:	NDS, INC.	<u>.</u>	
DOCUMENT NUMBER: _	N12000006098			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
JULIA BEREN-SOSNICK				
	(Name of Contact Per	rson)	
		(Firm/ Company)		 .
1000 ADAMS STREET		(i ini company)	,	
		(Address)		
HOLLYWOOD, FL 33019				
	(City/ State and Zip C	Code)	
LISSETTE@FABCOCPA.C	COM			
E	-mail address: (to be used	for future annual repo	ort notification)
For further information conc	erning this matter, please o	eall:		
LISSETTE PEREZ		at _	305	371-2830
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the for	ollowing amount made pay	able to the Florida D	epartment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	<u>.ddress</u>	Stro	eet Address	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PHIL'S ELITE FRIENDS, INC. (Name of Corporation as current)	v filed with the Flo	orida Dent. of State)	
N12000006098	11100 111111111111111111111111111111111	,	
(Document Numbe	r of Corporation (if	known)	—
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not I</i>	For Profit Corporation adopts the follow	/ing
A. If amending name, enter the new name of the corporation	n:		
PHIL'S UNIQUE FRIENDS, INC.	_	The n	
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporat	ed" or the abbreviation "Corp." or "Inc	c. "
B. Enter new principal office address, if applicable:		N. J. C.	<u> </u>
Principal office address <u>MUST BE A STREET ADDRESS</u>)		Fig.	
		(ii)	<u>; </u>
			9
Enter new mailing address, if applicable:		17 m	` 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
		<u> </u>	
		No. of 1 Mark	, (1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		a, enter the name of the	
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered a hereby accept the appointment as registered agent. I am fam	Agent: uiliar with and acce	pt the obligations of the position.	
Si	onature of New Rea	istered 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	XIOMARA UMANA	6447 MIAMI LAKES DR. EAST
Add			SUITE 101A
X Remove			MIAMI LAKES, FL 33014
2) Change	Т	JUDY JASINTO	2200 EVERGLADES DRIVE
Add			MIRAMAR, FL 33023
X Remove			
3) X Change	D	HANNAH K. BEREN	6335 WEST NORTHWEST HWY
Add			SUITE 412
Remove			DALLAS, TX 75225
4) Change	Т	NANCY F. HADDOCK	71 MAPLECREST CIRCLE
X Add			JUPITER, FL 33458
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
O Cl			
6) Change			
Add			• • • •
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Re specific)	
(anach adamonal sneets, y necessary).	(Бе ѕресіліс)	
		MA
		NIA
	н.	
<u>.</u>		
•		
	·	

	SEPTEMBER 23RD, 2016	
The date of each and date this document	mendment(s) adoption:	, if other than th
Effective date if ap	SEPTEMBER 23RD, 2016 plicable:	
	(no more than 90 days after amendment file date)	
	serted in this block does not meet the applicable statutory filing requirements, this date will not e date on the Department of State's records.	t be listed as the
Adoption of Amen	dment(s) (CHECK ONE)	
	nt(s) was/were adopted by the members and the number of votes cast for the amendment(s) cient for approval.	
	nembers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.	
Dated	SEPTEMBER 23RD, 2016	
Signa		
	(Bythe 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)	
	JULIA BEREN-SOSNICK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	