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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

GOTTA LUV TH	HEM, INC.
N13000001597 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Tyrone Bradley	
	(Name of Contact Person)
GOTTA LUV THEM, INC.	
	(Firm/ Company)
3005 SW 2nd Ave, Suite 101	
	(Address)
Fort Lauderdale, FL 33315	
	(City/ State and Zip Code)
tyronebradley@gmail.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Tyrone Bradley	954 605-4452
(Name of Contact Person)	at ()
Enclosed is a check for the following amount made positive \$35 Filing Fee \$\text{Certificate of Status}\$	ayable to the Florida Department of State: □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

OCT -3 PM 12: 26

(Name of Corporation as currently filed with the Florida Dept. of State) ±SECRETARY OF STATE₺ ŒALLAHASSEE, FLORIDA 🐗 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 3005 SW 2nd Ave, Suite 101 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Fort Lauderdale, FL 33315 C. Enter new mailing address, if applicable: 3005 SW 2nd Ave, Suite 101 (Mailing address MAY BE A POST OFFICE BOX) Fort Lauderdale, FL 33315 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida . (City) (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. Signature of New Registered Agent, 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Trentine, Whitney	163 Sioux Street
X Add			Tavernier, FL 33070
Remove			
2) Change	D	TRENTINE, CHRIS	PO BOX 1057
Add			TAVERNIER, FL 33070
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 9/30/3013/	
Signature Signature	
(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)	
Tyrore Brackoy (Typed or printed name of person signing) Pirector	
Pirector	
(Title of person signing)	