04/07/2013 02:38



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000330944 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1288888888899999

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Emai: | I s | Address: |  |
|-------|-----|----------|--|
|       |     |          |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LOVE DUB INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| Articles of Amendment  |  |
|--|--|
| to Articles of Incorporation   |  |
| 00   |  |
| LOVE DUB Inc.  |  |
| (Name of Corporation as currently filed with the Florida Dept.   | of State)                              |
| NIY 00000 1524   | •                                      |
| (Document Number of Corporation (if known)   |  |
| Pursuant to the provisions of section 617.1006, Fiorida Statutes, this Florida Not For Profit Coamendment(s) to its Articles of Incorporation:                     | orporation adopts the following        |
| A. If amending name, enter the new name of the corporation:  | •                                      |
|  | Th                                     |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the ab "Company" or "Co," may not be used in the name.                        | breviation "Corp." or "Inc.":          |
| · · · · · · · · · · · · · · · · · · ·  |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | ·                                      |
|  |  |
|  |  |
| C. Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| ·  | ·<br>                                  |
|  | ······································ |
| D. M   | <del></del>                            |
| D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:          | ame of the                             |
|  |  |
| Name of New Registered Agens:  |  |
|  |  |
| New Registered Office Address:   | dress)                                 |
|  |  |
| (City)   | , Florida<br>(Zip Code)                |
|  | 124 Code                               |
| New Registered Agent's Signature, if changing Registered Agent:<br>hereby accept the appointment as registered agent. I am familiar with and accept the obligation | ons of the position                    |
|  |  |
|  |  |
| Signature of New Registered 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 not<br>a change, Mike Jones l<br>Mike Jones, V as Remo  |              |                                | PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change, |  |  |  |  |
| Example: X.Change X.Remove X.Add  | <u>Y</u> Mij | in Dog<br>ke Jones<br>iv Smith | ·  |  |  |  |  |
| Type of Action<br>(Check One)   | Title        | Name                           | Address  |  |  |  |  |
| 1)Change  | <u></u>      | BRITTANY AARON                 | · · .  |  |  |  |  |
| Remove  | -            | <i>-</i>                       |  |  |  |  |  |
| 2)Change  | <u>S</u>     | Jonge commusio.                |  |  |  |  |  |
| Add   |              |                                |  |  |  |  |  |
| Remove  |              |                                |  |  |  |  |  |
| 3) Change   |              |                                |  |  |  |  |  |
| Remove  |              |                                |  |  |  |  |  |
| 4) Change   |              |                                |  |  |  |  |  |
| Add<br>Remove   |              |                                |  |  |  |  |  |
| 5) Change   |              |                                | :  |  |  |  |  |
| Add   |              |                                |  |  |  |  |  |
| Remove  |              |                                |  |  |  |  |  |
| 6) Change   |              |                                | _  |  |  |  |  |
| Add   |              |                                |  |  |  |  |  |
| Remove  |              |                                |  |  |  |  |  |

Page 2 of 4

| <u>l amending or adding additional A</u><br>attach additional sheets, if necessary, | ). (Be specific) | GT NECO.                                | į            |                                       |
|---|------------------|---|--------------|---------------------------------------|
|   |                  |   |              | •                                     |
|   |                  |   |              | · · · · · · · · · · · · · · · · · · · |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   | <u> </u>         | <del></del>                             | <del></del>  |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
| <del></del>   |                  |   |              |                                       |
|   |                  | · <del></del>                           |              | <del></del>                           |
|   |                  |   | <del>-</del> |                                       |
|   | ·                |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  | · - · · · · · · · · · · · · · · · · · · |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   | <del></del>  |                                       |
|   | ·                |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   |              |                                       |
|   | •                |   |              |                                       |
|   |                  |   |              |                                       |
|   |                  |   | <u> </u>     | <del>_</del>                          |
|   | <del></del>      |   |              |                                       |

Page 3 of 4

| The date of each amendment(s) adoption: 12/18/17, if other than the  |
|--|
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the focument's effective date on the Department of State's records.                           |
| 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 12/18/1  |
| 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) |
| Fernando Come III  |
| (Typed or printed name of person signing)  |
| PARSIDENT  |
| (Title of person signing)  |

LAZARUS

PAGE 05/05

04/07/2013 02:38 3052201440