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FILED 2018 JUL 23 PM 2: 55 SECRETARY OF STATI

C. GOLDEN

JUL 2 6 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	o -Double, Inc albia videokifair		
	000 9 790		
The enclosed Articles of Amendment and			
Please return all correspondence concerning	ng this matter to the following:		
<u>ं</u> स्य	Name of Contact Person		
	Name of Contact Person		
Coc	o-Double time dibla fricte Potfair Firm/ Company		
Firm/ Company			
47.	Firm/ Company  26 S W 75 Avenue  Address		
	Address		
M;	City/ State and Zip Code		
	City/ State and Zip Code		
	e efont= fydios. Com laddress: (to be used for future annual report notification)		
E-mail	address: (to be used for future annual report notification)		
For further information concerning this ma	atter, please call:		
John Stadeadl Fl.	at (305) 890-9627 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:		
☐ \$35 Filing Fee ☐\$43.75 Filing Certificate of			
Mailing Address	Street Address		
Amendment Section			
District of Commention	Division of Compartions		

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

## FILED

Loci - Doide, Inc		2010-0	
(Name of Corporation as current)	y filed with the Florida Dept	of State 1018 JUL 23 PM 2: 55	
N17000009		SECRETARY OF STATE TALLAHASSEE, FL	
(Document Number	(Document Number of Corporation (if known)		
Carsuant to the provisions of section 617,1006, Florida Statutes mendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit</i> C	Corporation adopts the following	
A. If amending name, enter the new name of the corporation	n:		
		The new	
name must be distinguishable and contain the word "corporation" (Company" or "Co." may not be used in the name.	on" or "incorporated" or the	abbreviation "Corp " or "Inc."	
8. Enter new principal office address, if applicable:	41 Jean Gaci		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	-	Arnue	
	Micimi, FL 3	33155	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sôme as B.	above	
1). If amending the registered agent and/or registered office	address in Florida, enter th	e name of the	
new registered agent and/or the new registered office ad			
Name of New Registered Agent: Jean	Blackwell Font		
4721	SW 75 Avenue		
New Registered Office Address:	(Horida stree	i addrewi	
<u>, ,                                  </u>	1A	25 66	
	Miami (City)	, Florida <u>_33J89</u> (Zip Code)	
	1. 4,1		
New Registered Agent's Signature, if changing Registered & I bereby accept the appointment as registered agent. I am fam	Agent: illiar with and accept the oblig	sations of the position.	
	From Hackwall Go	nt	
Sig	mature of New Registered Age	nt, 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)

Presse note the officer/director title by the first letter of the office title:

It is President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C= Chairman or Clerk; CEO = Clust It secutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office wild. 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.

: vample: 'X'Change X'Remove X'Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
¹)Change ∠ Add		Jean Made well fort	4726 SN 75 Arnue Migmi, FL
Remove			33155
2: Change Add	<u></u> D	Fignatio font	4726 SW 75 DeALE Microsi, FL
Remove	RA	Longer the Rooms;  Instead, the now	4726 S X+ 75 hence
4) Change Add	~~~~~	islered Romt 1 s ear blackwell fart	33155
Remove			
Add			
<ul><li>(1) Change</li><li> Add</li></ul>			
Remove			

2" 1 /t additione	adding additional Art al sheets, if necessary).	i Be specific				
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The date of each amendmedate this document was signed	nt(s) adoption:	, if other than the
Effective date <u>if applicable</u>		
глуссия с на <u>и арупсато</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date or	this block does not meet the applicable statutory filing requirements, this tice the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s	( <u>CHECK ONE</u> )	
☐ The amendment(s) was was/were sufficient for	were adopted by the members and the number of votes cast for the amendmapproval.	nent(s)
A There are no members adopted by the board o	or members entitled to vote on the amendment(s). The amendment(s) was/v $f$ directors.	vere
Dated	7/17/18 31/100	
.,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	he chairman of vice chairman of the board, president or other officer-if dire	ectors
have	e not been selected, by an incorporator – if in the hands of a receiver, trusteer court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
-	Principal Director (Title of person signing)	