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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
NIKOLAS A SAA	
	(Name of Contact Person)
N/A	
	(Firm/ Company)
8630 SW 14TH ST	
	(Address)
PEMBROKE PINES, FL 33025	
(City/ State and Zip Code)
CAMEFROMLOVE@GMAIL.COM	
E-mail address; (to be used	for future annual report notification)
For further information concerning this matter, please c	l all:
NIKOLAS A SAA	954 600-2734
(Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (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

CAME FROM LOVE INC.

(Name of Corporation a	s currently filed with	the Florida Dept. of	State)	1	
N17000010302					
(Docume	ent Number of Corpora	ution (if known)	·-		
Pursuant to the provisions of section 617,1006, Florid imendment(s) to its Articles of Incorporation:	da Statutes, this <i>Floria</i>	la Not For Profit Corp	oration adopts the fo	 ollowing 	
A. If amending name, enter the new name of the only	corporation:				
		100 1 33		The new	
name must be distinguishable and contain the word ' 'Company" or "Co." may not be used in the name.	corporation or inc	orporated or the abbr	eviation Corp. or	Tinc.	
B. Enter new principal office address, if applicable	N/A			;	
Principal office address MUST BE A STREET AD					
	-			11	
			<u> </u>	13	
Enter new mailing address, if applicable:	N/A			1-4	
(Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u></u>			1,	1
				1	(
			·.	<u> </u>	
). If amending the registered agent and/or registe	ered office address in	Florida, enter the na-	me of the	U1	
new registered agent and/or the new registered	d office address:				
Name of New Registered Agent:	N/A				
		(Florida street addi	ess)	i	
	N/A				
<u>-</u>	(City)		_, Florida	<u> </u>	
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Agent:	. 1	C.L		
hereby accept the appointment as registered agent.	i am jamiliar with ar	ia accept ine obligatior	is of the position.		
	Signature of N	ew Registered Agent, if	changing	 	
		·			

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address of each Officer (Attach additional sheet, Please note the officer/d P = President; V= Vice Executive Officer; CFO held, President, Treasur Changes should be noted	and/or I s, if neces lirector til Presidem = Chief I er, Direct d in the fa aves the c e, and Sa	Director being added: sary) de by the first letter of the office; T= Treasurer; S= Secretary, financial Officer. If an officer, for would be PTD. dlowing manner. Currently Josephoration, Sally Smith is nan lly Smith, SV as an Add.	d name of each officer/director being removed and eventule; Eventule; Eventule; The Director; TR= Trustee; C = Chairman or Clerk eldirector holds more than one title, list the first letter ohn Doe is listed as the PST and Mike Jones is listed and the V and S. These should be noted as John Doe,	k: CEO = Chief cof each office as the V. There i	S
$\frac{X}{X}$ Change $\frac{X}{X}$ Remove $\frac{X}{X}$ Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change		N/A		· - ;	
Add					
Remove					
2) Change		N/A			
Add					
Remove					
3) Change		N/A 			
Add					
Remove				<u> </u>	
4) Change		N/A			
Add					
Remove				- 	
5) Change		N/A			ļ
Add					1
Remove					
6) Change		N/A			
Add					
Remove					

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Adding Additional Articles, Purpose: "The organization is organized exclusively for charitable, religious, educational,	
or scientific purpose under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal	l tax
code." Dissolution: "Upon the dissolution of this 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 federal tax code,	
or shall be distributed to the federal government, or to a state or local government for a public purpose."	
<u>'</u>	
·	

October 17, 2017	1
The date of each amendment(s) adoption:late this document was signed.	if other than
N/A Effective date <u>if applicable</u> :	
(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, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amer was/were sufficient for approval.	idment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	is/were
October 17, 2017 Dated	
Signature Milad Just	
(By the chairman or vice chairman of the board, president or other officer-if chave not been selected, by an incorporator – if in the hands of a receiver, true other court appointed fiduciary by that fiduciary)	
NIKOLAS A SAA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	