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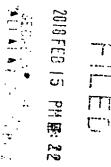
(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	TURN 4 BETTER CO	ORPORATION		
DOCUMENT NUMBER:	N18000001064			
	-	 		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
ANTHONY PALACIO				
		(Name of Contact Per	'son)	
J.J. PALACIO LLC				
		(Firm/ Company))	
12002 SW 128 CT, STE 06				
		(Address)		
MIAMI/FL 33186	•			
		(City/ State and Zip C	ode)	
ANTHONY@JJPALACIO.	СОМ			
F. F.	-mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	erning this matter, please c	call:		
ANTHONY PALACIO		at	305-595-0303	3
·	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida D	epartment of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A		Stre	et 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

TURN 4 BETTER CORPORATION

(Name of Corporation as cu	rrently filed with the l	Florida Dept. of State)
N18000001064		
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	voration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	<u> </u>	
C. Enter new mailing address, if applicable:		2018
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		7 - TH
). If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Flori	ida, enter the name of the
Name of New Registered Agent:		ř.
		(Florida street address)
New Registered Office Address:		;
	(2)	, Florida (Zip Code)
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are		cept the obligations of the position.
	Signature of New Re	gistered 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	<u>1 Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JENNIFER RUIZ	9735 E. FERN STREET
Add			MIAMI, FL 33157 US
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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	2/5/18	
	e date of each amendment(s) adoption:ethis document was signed.	, if other than the
	2/5/18	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records.	t be listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 2/5/18	
	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)	
	ROBERTO RUIZ, SR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	