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SECRETARY OF STATE
FALL CHASSET PLOPIDA

SEP 1 () 2813

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ME AT MEOW INC	
N18000005764 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning th	is matter to the following:	
RODNEY S WHITE CPA		
	(Name of Contact P	erson)
RODNEY S WHITE CPA		
	(Firm/ Compan	y)
4650 LIPSCOMB ST NE. SUITE 20		
	(Address)	<u> </u>
PALM BAY FL 32905		
	(City/ State and Zip	Code)
RODWHITECPA@EARTHLINK.NET		
E-mail address: (to	be used for future annual re-	port notification)
For further information concerning this matter	, please call:	
RODNEY'S WHITE CPA	al	(321)728-936 6
(Name of Contact		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	nade payable to the Florida	Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Certificate of Status
Mailing Address Amendment Section		reet Address mendment Section

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

YOU HAD ME AT MEOW INC

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
N18000005764		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation ado	pts 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.	poration" or "incorporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 AU
		13.25 13.25
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the	5: 5: 5: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6:
new registered agent and/or the new registered offi		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
New Neglotered Office Address.		
-	, Florida, Florida, Zip Co	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	ered Agent:	
	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 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\underline{\mathbf{V}}$ $\underline{\mathbf{Mi}}$	nn <u>Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPS	HARRISON, YVETTE	2191 LUNE CT
Add			MELBOURNE, FL 32904
X Remove			
2) Change	VPS	MANTLE, MELISSA	2191 LUNE CT
X Add			MELBOURNE, FL 32904
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
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	e date of each amendme this document was signe		, if other than the
Eff	ective date <u>if applicable</u>	:	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Ad	option 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 amendment(s) approval.	
	There are no members adopted by the board o	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	Dated	8/27/19	
	have	he chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	H	KRYSTAL ADAIR	
	-	(Typed or printed name of person signing)	
	F	PRESIDENT/TREASURER S	19
	_	(Title of person signing)	FILED