## P03000062959

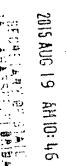
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AUG 2.1 2015 C. CARROTHE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ALOEVIN CORPO	DRATION	
DOCUMENT NUMBE			
	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
N	MATTHEW BROCCO		
_		Name of Contact Persor	1
A	LOEVIN CORPORATION		
		Firm/ Company	
10	06 COMMUNITY DRIVE		
_		Address	
D	EBARY, FL 32713		
		City/ State and Zip Code	
INFO@	ALOEVIN.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas		
MATTHEW BROCCO		at ( 386	753-9005
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

dies store des

## Articles of Amendment to Articles of Incorporation of

2015 AUG 19 AM 10: 46 SECRETARY OF STATE

ALOEVIN CORPORATION

	ntly filed with the Florida Dept. of State)
P03000062959	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
N/A	The new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MU-1
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
). If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the
o. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
D. If amending the registered agent and/or registered office admessed registered agent and/or the new registered office addressed of New Registered Agent	
new registered agent and/or the new registered office addre	
new registered agent and/or the new registered office addre  Name of New Registered Agent  N/A	
new registered agent and/or the new registered office addre  Name of New Registered Agent  N/A	SSS:

## 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 <math>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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	IRA HELMAN	114 PINE TREE ROAD
Add X Remove			SHOHOLA, PA 18458
2) X Change	PST	MATTHEW BROCCO	106 COMMUNITY DRIVE
Add			DEBARY, FL 32713
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

тасп айиннопа	sheets, if necessary). (Be	specific)			
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<u>lf an amendmen</u>	provides for an exchange.	reclassification, o	or cancellation of is	sued shares,	
provisions for i	nplementing the amendme	nt if not contained	d in the amendment	itself:	
	cable, indicate N/A)				
<b>A</b>					
					_
1b-					

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will State's records.	not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by	,,	
(vot	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 8/16/20	015	
Signature Manh	Bever	
(By a director, presi	ident or other officer - if directors or officers have not been	_
selected, by an inco appointed fiduciary	orporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
MA	ITTHEW RROCKO	
(	TTHEW BROCCO (Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	