P05000031017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LYNNTV INC.		
DOCUMENT NUMBI	ER: P05000031017		
•	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
I	LYNN MARTINEZ		
_		Name of Contact Person	
I	YNNTV INC		
-		Firm/ Company	
	1421 CERTOSA AVE		
-		Address	
•	CORAL GABLES FL 33146		
-		City/ State and Zip Code	,
LMNE	WS@COMCAST.NET		
	E-mail address: (to be use	ed for future annual report	notification)
	concerning this matter, please		662 1296
LYNN MARTINEZ		at (305	_) 663-1386
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address Indirection Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

LYNNTV INC (Name of Corporation as currently filed with the Florida Dept. of State) P05000031017 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ADVICE FOR LIFE WITH LYNN INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 <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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		÷
Add				V
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				;
Add		_		
Remove				
6) Change		_		
Add				·
Remove				

	or adding additional Articles ional sheets, if necessary). (E	le specific)			
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f an amend provisions	ment provides for an exchang for implementing the amendn	e, reclassification, one	r cancellation of issi in the amendment i	ued shares, tself:	
(if not a	applicable, indicate N/A)				
•					

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	March 29, 2016	
enecuve date <u>ir appreasie</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Marc	h 29, 2016	
Dated Signature _	Jana Manh	
	By a director, president or other officer - is directors or officers have not been	
	elected by an incorporator – if in the hands of a receiver, trustee, or other cour	Į.
	LYNN MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of percan signing)	