P06000 086 439

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800333414238

08/12/12 80 18 0 0 MARKET

FILED

19 SEP 12 AM 9: 08

SUCRESSANDER SAIR

SEP 2 ' 3/13

TSCHROEDER

COVER LETTER

TO: Amendment Section

Division of Corporations

LIQUID SOUL SURF, CO. NAME OF CORPORATION: _ P06000086439 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN STEWART Name of Contact Person Firm/ Company 49 YAWL DRIVE Address COCOA BEACH, FL 32931 City/ State and Zip Code LIQUIDSOULSURFCO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN STEWART _ at (_____ Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Centified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIQUID SOUL SURF, CO.

P06000086439	s currently filed with the Florida Dept. of State)
(Docume	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	ration:
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	
	SEB AN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	SSEE IT
(J-Collina 10 10 10 10 10 10 10 10 10 10 10 10 10
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I can	ed Agent: familiar with and accept the obligations of the position.
	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.

X Change	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	V	ALISHA R. STEWART	49 YAWL DRIVE
1) Change X Add			COCOA BEACH, FL 32931
Remove			
2) Change			
Add			19 St
Remove			HASSIS TO
3) Change			2 7 STS
Add			57 S D
Remove			ATE AUEA
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
		<u> </u>	-	
		- <u> </u>		
				
<u> </u>				
				
				
		Z S		_
			9	
			SEP	
		JSSE XXX	12	-
				-1
			AH S	-
If an amandment provides for an aval-	ongo modusoification on annullation of issued about	F STATE FLORIDA	9:0	-
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	>	80	
(if not applicable, indicate N/A)				
\$/A				
			,	
		=		
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. SEPTEMBER 6, 2019	
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, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. SEPTEMBER 6, 2010 Dated Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) STEVEN STEWART	FILED 19 SEP 12 AM 9: 08 SECRETARY OF STATE
(Typed or printed name of person signing)	
PRESIDENT Provident	
(Title of person signing)	