## P07000000/

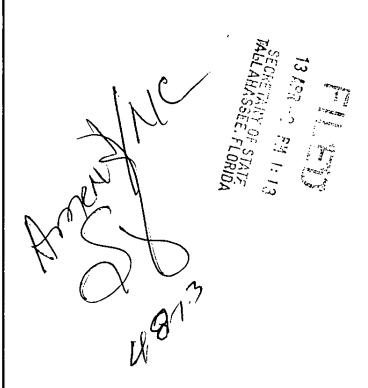
(Re	questor's Name)	•
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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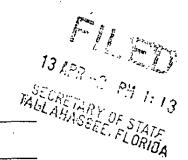


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: I'm Gonna		nc.
DOCUMENT NUMBER: P07000022	201	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Barb McBride		
	Name of Contact Person	
South Beach T		Services
320 Osceola A	Firm/ Company Venue	
	Address	
Jacksonville Be	each, FL 32250	
	City/ State and Zip Cod	e
colaharris67@veri	zon.net	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Barb McBride	at (904	, 241-2533
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of



## I'M GONNA LET IT SHINE, INC.

(Name of Corporation as currently filed with the Plorida Dept. of State)

P07000002201

endment(s) to

(Documen	t Number of Corporation (if )	(nown)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	s the following amendmen
A. Hamending name, enter the new nu LIFETIME LEGACIES,			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design: word "chartered," "professional associa:	atton "Corp," "Inc," or "C	o". A professional corporation	
B. Enter new principal office address, i	if applicable:	11447 Dutch Iris	Drive
Principal office address MUST BE A STREET ADDRESS)		Riverview, FL 33	578
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST (	OFFICE BOX	· <del></del>	<del></del>
		<del></del>	<del></del>
•		<del></del>	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the nev		ss in Fiorida, enter the name o	f the
Name of New Registered Agent	Cola Harris Mur	ray	
Name of the w negationed Agent	1147 Dutch Iris	<del></del>	
	(Florida stree		
New Registered Office Address:	Riverview	, Florida 33	3578
	(Cuy)		(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:		
I hereby accept the appointment as regist		ith and accept the obligations of	the position.
Ste	gnature of New Registered As	gent if changing	
J.,	2 a) i an and all all and all	3 V V V	

Page 1 of 4

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> Cnange	<u> P1                                   </u>	1 Doe	
X Remove	<u>Y</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Tide</u>	Name	Address
1) Change	PD	Cola M. Albury-Swartz	10129 Pink Palmata Court
Add	<u> </u>		Riverview, FL 33578
X Remove	•		
2) Change	PD	Cola Harris Murray	11227 Dutch Iris Drive
X Add			Riverview, FL 33578
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add	•		
Remove			
δ) Change			
Add	<del></del>		
Remove			
			<del></del>



Page 2 of 4

Samending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, Indicate N/A)	endment if not contained in the amendment itself:	
		_
		-
		_
		_
		_



The date of each amendment(s) adoption: March 1, 2013
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (votting 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.
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)
Cola Harris Murray
(Typed or printed name of person signing)
President (Title of person signing)