P07000125754

(Red	questor's Name)	
(Adr	lress)	
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(City	//State/Zip/Phone	e #)
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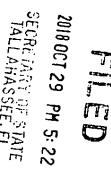


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10/29/18--01022--004 **43.78

And

R. WHITE NOV 0 5 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: GOOD LOOKII	NG IV, INC	
DOCUMENT NUMBER: _	P07000125754		
The enclosed <i>Articles of Ame</i>	ndment and fee are su	bmitted for filing.	
Please return all corresponder	nce concerning this ma	tter to the following:	
	RI	EBECCA WILLIAMS	
		Name of Contact Persor	1
	Bl	EE SQUARE TAX SERVI	CE
		Firm/ Company	
	165	50 SAND LAKE RD STE 1	15
		Address	
		ORLANDO, FL. 32809	
	 	City/ State and Zip Code	e
	REBEG	CCA@BEESQUARETAX	.COM
<u>E</u> -	mail address: (to be us	sed for future annual report	notification)
For further information conce	rning this matter, pleas	se call:	
REBECCA WILLIAM	S	at (851-4037
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
	\$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)
	t Section Corporations	Amend Divisio	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			Building Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment Articles of Incorporation

2018 OCT 29 PM 5: 22

SECRETION OF STATE

	GOOD LOOKING IV, INC	TALLAHASSEE EL
(Name of C	corporation as currently filed with the Flo	
	P07000125754	
	(Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corp</i>	naration adopts the following amendment(s
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co". A profession	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STRU		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or new registered agent and/or the new re-		er the name of the
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(Cily)	(Zip Code)
New Registered Agent's Signature, if chaps I hereby accept the appointment as registered		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 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change	D	SAMUEL T HINES	425 SELKIRK DR
X Add			WINTER PARK, FL. 32792
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		_	
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	
· =	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
, , , , , , , , , , , , , , , , , , , 	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>If applicable</u> : (no more than 90 days after amendment file date)	
(no more man 90 days after anatomica fac date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	=nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 10/15/18	
Signature	
(By a director, president or other of thee if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other of the control of the cont	
appointed fiduciary by that fiduciary)	мм
OHN WASH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	