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(Requ	iestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Fil	ing Officer:	

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A. Butter

· COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: FOXYWATE					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Name of Contact Person					
FOXYMATE					
Firm/ Company					
2190 NW Reserve Aark TraceSite					
Firm/ Company LI 90 NW Reserve Aark Traces. Her Address Address Cjty/ State and Zip Code					
Cjty/ State and Zip Code					
tami of Foxyware.com					
E-mail address: (to be used for future annual report notification)					
,					
For further information concerning this matter, please call:					
, · · · · · · · · · · · · · · · · · · ·					
Name of Contact Person at (277) 241-644 Area Code & Daytime Telephone Number 259- ORea ORea					
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:					
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee					
Certificate of Status Certified Copy Certificate of Status					
(Additional copy is Certified Copy					
enclosed) (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
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Articles of Amendment to Articles of Incorporation

of

FULED

filed with the Florida Dept. of State H 3: 43
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DODICY SECRETARIAN
Corporation (if known) ALL AHASSEF, ET
lorida Profit Corporation adopts the following amendmen
The new
mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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th and accept the obligations of the position.
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gistered Agent, if changing
- 12 P

Check if applicable

The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

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: 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>	NA	<u>Addres</u> s	
1) Change		_	N/A		
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					. <u>.</u>
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4) Change					
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5) Change		<u> </u>			<u></u>
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6) Change					
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Attach additional sheets, if	⁽ necessary).	(Be specific)			
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The date of each amendment(s) as date this document was signed.	loption:	1/2/12	, if other than the
Effective date if applicable:			
	(no more th	aan 90 days after amendmei	nt file date)
Note: If the date inserted in this b document's effective date on the Do			equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add action was not required.	pted by the incorporators	s, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		. The number of votes cast	for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"The number of votes cast	for the amendment(s) wa	as/were sufficient for appro-	val
by			"
	(voting group)		
Dated	3/21/4		
Signature	1	te -	
(By a di selected			rustee, or other court
		JANI;	Cimpernan
	(Typed or pri	nted name of person signin	g)
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