(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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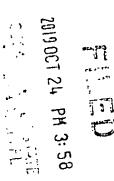




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#### **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

Division of Corporations
NAME OF CORPORATION: Lippy's Hot Hots of Key Wost, I DOCUMENT NUMBER: P1000029236
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry Lipsky Name of Contact Person  Lippy's Hot Hats of Key West, Inc  Firm/ Company  37585E Ocean Blud  Address  Stuart FL 34996  City/ State and Zip Code  Purtour 400 hell south. Net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Lipsky at (404), 408-0017 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 Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

# Street Address

Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

Lippy's Hot Hats (Name of Corporation as currently	of Key West, Inc.
P1000029 (Document Number of C	236
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3758 SE Ocean Blud. Stuart FL 34996
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3758 SE Ocean Blud. Stuart FL 34996
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Terry 55 (Florida stree	ipsky zan Blud. Stuart FL
New Registered Office Address: 5+ var+	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with signature of New Reg	th and accept the obligations of the position. OCT 24 PH 3: 58

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 D	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	ones	
<u>X</u> Add	<u>\$V</u>	Şally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) K Change	_Q	_	Lipsky, Terry	3758 SE Ocean Bloc Stuart FL 3499
Add			<i>)</i> ,	Stuart FL 3499
Remove				·
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	
	<del></del>
nrovisions for implementing the ange	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	THE STATE OF THE S
	<del></del>

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te 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(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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (Yoting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 17, 2019	
A	
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	4
appointed fiduciary by that fiduciary)	
Terry Lipsky (Typed or printed name of person signing)	
Director	
(Title of person signing)	