P110000081129

(Re	equestor's Name)	····
(Ac	ldress)	
(Ac	dress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR DOCUMENT NUMB	ATION: Through	My Eyrs Pul 000087129	dications Inc.
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
_	Doroh	by Jones	
-	Through My	Name of Contact Person Eyes Publical	ins, Inc.
	pnd33 No	Firm/Company W 19TH AVC	·
-		Address	
_	Miani		33056
	Cones doroffy/ E-mail address: (to be us	City/ State and Zip Code Grant Code Gran	
For further information	concerning this matter, pleas	se call:	
Dora	thy Jones	at (305	495-4965
Name o	f Contact Person	Area Co	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 & 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)
	ing Address		Address ment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Through My Eyes Publications Inc.	•
(Name of Corporation as currently filed with the Florida Dept. of State)	-
P11000087129	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	The now
name must be distinguishable and contain the word "corporation," "company," or "incorporated" o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nam word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12 JUN 19 AN 10: 8
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	20 *
Name of New Registered Agent	
(Florida street address) New Registered Office Address: (City), Florida (Zip C	'ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions of New Registered Agent, if changing	osition.

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)	Title	Name	Address
1) Change Add Remove	1	Kleckley, Robert	P.O. BOX 668/07- Miani, Ft. 33/66 U.S.
2) Change Add Remove 3) Change Add	\frac{}{P}	Harris, Lean Tones, Dorothy	780 N.E 1997# Street Unit E-203 North Miani, FL 33/79US P.O. BOX 668107
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A attach additional sheets, if necessary	y). (Be specific)
	NA
•	
	
If an amendment provides for an ex	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	
40% shores Held	supp My Eges Corporation.
be reformed to The	rulp My Edes Commetion.

The date of each amendment(s) adop	tion:
Effective date if applicable:	5/29/2012
	(no more man 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ved by the shareholders through voting groups. The following statement ch 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	(voting group)
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
Dated	5/29/2012
Signature	flast form
selected, b	etor, president or other other – if directors or officers have not been y an incorporator – if it the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Dorothy Jones
	(Typed or printed name of person signing)
···	(Title of person signing)