# P12000054015

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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: LUVYM THE. P12000056015 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 12668 170 th Rs. N. Address JUPITER FL 33478
City/ State and Zip Code JO262 @ BELLSOUTH. NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (772) 979-3574

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment Articles of Incorporation



DUUM TIA	
LUVVM INC.	ne Florida Dept. of State)
(Name of Corporation as currently filed with th	ne Florida Dept. of State)
P12000056013	
(Document Number of Corporation	on (if known)
suant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	<u> </u>
SCAN ME COUPONS INC.	The new
me must be distinguishable and contain the word "corpord orp.," "Inc.," or Co.," or the designation "Corp," "Inc," o rd "chartered," "professional association," or the abbreviatio	The new ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	address in Florida, enter the name of the ress:
new registered agent animor the new registered drifte addi	
Name of New Registered Agent	
Name of New Registered Agent HA	la street address)
Name of New Registered Agent  (Florida  New Registered Office Address:	la street address), Florida City)

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 <math>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>179</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	/	<u>Addres</u> s
1) Change			<u>A</u>	
Add		. 1		
Remove				
2) Change				
Add				
Remove				
3 ) Change			<u> </u>	
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Remove				
4) Change		<del></del>		
Add				
Remove				· <del>····································</del>
5) Change				
Add		1	<del>)</del>	
Remove				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add		ļ		
Remove				

E. If amending or adding	additional Artic	les, enter chang	e(s) here:		
E. If amending or adding (Attach additional sheet	s, if necessary).	(Be specific)			
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If an amendment prov	ides for an excha	ange, reclassific	ation, or cancell	ation of issued s	<u>hares,</u>
provisions for implen	<u>aenting the amen</u>	<u>idment if not co</u>	ntained in the a	mendment itself:	<u>.</u>
(if not applicable,		. /			
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The date of each amendment(s) adopt	ion: 7/10/12
Effective date if applicable:	
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 was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	I by the board of directors without shareholder action and shareholder  I by the incorporators without shareholder action and shareholder
action was not required.	to by the incorporators without shareholder
Dated 7/10	/12
Signature	Janu Mr. Dinkell
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	TAMES M. DRISKELL (Typed or printed name of person signing)
<del></del>	(Typed or printed name of person signing)
~	DIRECTUR / OWNER
	(Title of person signing)