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18 SEP 20 PH 1: 17

ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corpor	ations		
SAME OF CORPORA	ATION: CLAWS AND MC	DRE INC.	
	ER: P13000049051		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	The Part of the Crab Even	www.myr y Body Loves!	to, Fl 34220 eventvenue.com
For further information	concerning this matter, pleas	se ec H:	
Oma;		813	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
linelesed is a check for	the following amount made	payable to the Florida Depo	artment of State:
lii \$45 Filing Fee	D342.75 Filing Fee & Certificate of Status	El\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additiona Copy is enclosed)
Ame.i Divisi	ng Address ditent Section on of Corporations Box 5327	Amend Divisio	Address Iment Section on of Corporations Building

Tallanassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation οľ

CLAWS AND MORE INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P13000049051	
(Document Number of)	Corporation (if known)
Persugat to the provisions of section $607,1006$, Florida Statutes, this F its Articles of Incorporation	lorida Profit Corporation adopts the following amendment(s) to
A. It amending name enter the new name of the corporation:	
	The new
rame sayst be disting ashable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Carp.," "Inc.," or "Coword" chartered," "professional association," or the abbreviation "I	o" A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST EF, A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	18 SEP 20 1
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of Ne v Registered Agent	
eFlorida stree	v address)
New Registered Other Address:	, Fiorida
//	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereis, accept the asy ointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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 officeredirector tale 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 Founcial 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 teaves 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	<u>F-T</u>	John Doe		
X Ramove	<u>y</u>	Mike Jones		
<u>X</u> Add	<u>S.Y.</u>	Sally Smith		
Type of Action (Check One)	<u>Tule</u>	Naire	<u>Addres</u> s	
1) Change	b	WALLACE, KATOYA	P.O. BOX 4	
<i>o.</i> dd			PALMETTO, FL 34220	
x Remove				
2) Change	<u>د</u>	Janice Truewell	P.O. BOX 4	
<u>x</u> Add			PALMETTO, FL 34220	
Remove				
5 (Change				
Add				
Remove				
4) Change	 -			
Add				
Remove				
(i) Change				
Add				
Remove				
A 69				
6) Change				
Remove				

E. If amending or additional Articles, enter change(s) here: (Attach additional sneets if necessary),—tBe specifier Katoya Wallace is no longer the President and Janice Truewell is currently President		
	_	
	_	
	_	
	_	
F. If are amendment provides for an exchange, reclassification, or cancellation of issued shares,		
<u>keroxisions for implementing the amendment if not contained in the amendment itself:</u>		
(if not applicable, indicate N/A)		
	. 	

The date of each amendment(s) adopti	on:	, if other than the
late 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 locument's effective date on the Departr	does not meet the applicable statutory filing requirements, this nent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment for approval.	u(s)
	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Sudewick, by	or, president or other officer – if directors or officers have not bee an incorporator – if in the hands of a receiver, trustee, or other conductor by that fiduciary)	
	cie Truewell	
Jan		
	(Typed or printed name of person signing)	
Pre	sident	
·	(Title of person signing)	