P13000053568

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: In The Name of Love, Inc. DOCUMENT NUMBER: P13000053568					
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 In the Name of Love INC. Firm/Company 8201 Coral Way Address Mami Florida 33155 City/State and Zip Code ANNIE & SQUAREONE Branding. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ana Conesa at 305 456-3173 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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation

of **
(Name of Corporation as currently filed with the Florida Dept. of State)
P13000053568
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:
Name of New Registered Agent Am Conesa
611 SW 93COUT+ (Florida street address)
New Registered Office Address: Migmi , Florida 33 173 (City) , Florida (Zip Code)
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 position. Signature of New Registered 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 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ReneeZhorow	ski' 1075 SW/119Wa Davie, FL 33325
Add			Davie, FL 33325
Remove			·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
_			
6) Change			
Add			
Remove			

Attach additional shee	ets, if necessary). (Be specifi	c)	
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/V/A			
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f an amendment pro	vides for an exchange, reclas	sification, or cancellation of is	sued shares
provisions for imple	menting the amendment if no	ot contained in the amendment	t itself:
(if not applicable	a indicate M/A)		
\mathcal{D}_{α}	71	1 Redeemed	1 - 1 -
<u>kenee</u>	2borow5K	i redeemed	her share
	•		•
			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: October 17th, 2013	
(no more than 90 days after amendment file date)	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 30th, 2013	
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 appointed fiduciary by that fiduciary)	
Thosay Conesa (Typed or printed name of person signing)	
President	
(Title of person signing)	