## P13000054271

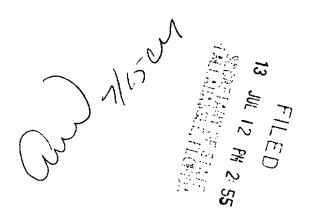
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MLFTM INC. DOCUMENT NUMBER: P13000054271 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SCOTT E. ITKIN Name of Contact Person SOUTH FLORIDA TAX Firm/ Company 5001 S UNIVERSITY DR, STE B Address **DAVIE**, FL 33328 City/ State and Zip Code SFTAX@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SCOTT E. ITKIN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

IVILE LIVI, INC.	
(Name of Corporation as currently filed with the P1300054271	Florida Dept. of State)
(Document Number of Corporation	(if known)
•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	ω
C. Enter new mailing address, if applicable:	N/A 編号 る 戸
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	2
	SS
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>sss:</u>
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	, Florida
(Cii)	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New Pagisteres	l Agant 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 <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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	ITKIN, SCOTVE.	5001 S UNIVERSITY DR, STE B
Add		<b>\\</b>	DAVIE, FL 33328
X Remove			
2) Change	Р	IONA, JOE D.	5001 S UNIVERSITY DR. STE B
X Add			DAVIE, FL 33328
Remove			
3) Change			
Add			
Remove		Â	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		A A	
Add		<u> </u>	
Remove		±	

	(Be specific)
<b>/</b> A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: JULY 10, 2013	, if other than the
date this document was signed.  UPON FILING  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. 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 JULY 10, 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)	
SCOTT E. ITKIN	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)

• • • • •