P13000069423

(Requesto	or's Name)
(Address))
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(Citv/State	re/Zip/Phone #)
(,	,
PICK-UP	WAIT MAIL
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(Docume)	nt Number)
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COVER LETTER

TO: Amendment Sect Division of Corp				
NAME OF CORPORATION: WRITING 4 LESS, INC.				
DOCUMENT NUMBER: P13000069423				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	LOUIE LEVEY			
		Name of Contact Person		
	WRITING 4 LESS	S, INC.		
		Firm/ Company		
	2900 N.E. 14th STREET CAUSEWAY, SUITE 806			
		Address		
	POMPANO BEAG	•		
		City/ State and Zip Code	2	
LO	UIELEVEY@YAH	OO.COM		
		ed for future annual report	notification)	
For further information concerning this matter, please call:				
LOUIE LEVEY		_{at (} 561	_{_)} 674-3735	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	D. Box 6327	Clifton Building		
Tat	lahassee, FL 32314	2661 Executive Center Circle		

Articles of Amendment to Articles of Incorporation of

WRITING 4 LESS, INC.		,	
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P13000069423			
(Documer	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation;	1006, Florida Statutes, th	is Floridu Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con	tain the mond Commen	27 45 27 45 27 27	The new
"Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co" A professional corporation no	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S		□	- 1 8 T
		**************************************	一卷 2 元
			LED 24 M
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	6 4 O
	211.12.11.0010	**************************************	 \$
			
		**************************************	*************************************
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ad v registered office addre	dress in Florida, enter the name of the	<u>e</u>
Name of New Registered Agent	N/A		
Name of New Registered Agent			
	(Florida)	street uddress)	
New Registered Office Address:	N/A		
New Registerea Office Address:	(Ci)	(Zip	Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Age ered agent. I am fumilia	nt: r with and accept the obligations of the	position.
.,			
Sie	anature of New Registero	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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X_	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V.P.	RHODA LEVEY	448 SENECK FALL DR.
Add Remove			APPOLO BEACH, FL 33572
2) Change			
Remove 3) Change Add	-		
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

	(Be specific)
4	

f an amendment provides for an exch	sange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	•
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_OCTOB	ER 18, 2013	
	2:2///	
Signature		
selecte	rector, president or other officer — if directors or officers have not been it, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	LOUIE LEVEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	1. 1. 1.