P140000004913

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COVER LETTER

TO: Amendment Section

Division of Corpo	orations -					
NAME OF CORPOR	RATION: TICA TREA	ATS, INC.				
DOCUMENT NUME	BER: P1400000491	3				
	of Amendment and fee are su					
Please return all corres	pondence concerning this ma	tter to the following:				
	ANNA RAMIREZ					
	Name of Contact Person					
		E' (O				
	Firm/ Company 327 LAKE CREST COURT					
		Address				
	WESTON, FL 33326					
		City/ State and Zip Code				
TIC	ATREATS@BEL	I SOUTH NET				
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ANNA RAMIREZ		at (954	651-5616 de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ertment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Foe Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						
	•		· ·			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TICA TREATS, INC.			
	currently filed with the Flo	orlda Dept. of State)	
P14000004913			_
(Documen	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
TICALAND, INC.			The new
	ation "Corp," "Inc," or "C		
B. Enter new principal office address, if applicable:		N/A	_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
		,	—
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
			- ^{- 사} 당
			一和逻辑
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	Ω. Ω ∴∴∀.
	N/A		
Name of New Registered Agent		-	
	(Florida stree	ot address)	-1 \$\bar{\pi}\$
N D 1 . 100 111	(* 10.818.010		
New Registered Office Address:	(City)	, Florida(Zip Code)	_
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent. I am familiar wi	ith and accept the obligations of the position.	
Si	annture of New Registered Ac	zent itchanging	

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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	nith .			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change		N	· · · · · · · · · · · · · · · · · · ·			
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).		
/A		
-		
It an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
/A		
	 	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	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 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.	opted by the incorporators without shareholder action and shareholder	
Dated Jar	1.30, 2014	
Signature	OHBSIDSI	
	irector, president or other officer - it directors or officers have not been	
	d, by an incorporator - if in the hards of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	ANNA RAMIREZ	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_