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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOCIAL	Media Consultants inc
DOCUMENT NUMBER: P14000	023910
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
_ Social Med 374 Blyth	Name of Contact Person Lia Consultants inc Firm/ Company Ville Ave Address FL 32725 City/ State and Zip Code Take rush media.com ed for future annual report notification)
For further information concerning this matter, please	
_	at (386) 218-8503 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Social Malia Cana	Mantata	_	
Social Media Consu	VITAVITS TU	<u>.</u> C	
(Name of Corporation as currently filed with the Florida Dept. of	State)		
<u> </u>			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> 6 its Articles of Incorporation:	Corporation adopts the following	g amendment(s	s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company,	" or "incorporated" or the a	_The new	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional association, or the abbreviation "P.A."	sional corporation name must o	contain the	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		-	
·		-	
		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(muning numress inter BLATOST OFFICE BOX)		-	
		-	
	 	7	र,क भगम
D. If amending the registered agent and/or registered office address in Florida,	enter the name of the	APR	
new registered agent and/or the new registered office address:		70	
Name of New Registered Agent		<u>-</u>	四三
		<u> </u>	190
(Florida street address)		PHILL	<u>;</u>
·		<u>:</u> ::	22
New Registered Office Address:(City)	, Florida		it ""
(Cay)	(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 changi	no		

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 De	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	V	_	Katherine	Machara	374 Blythuille Deltona FL 32725
Add					Deltona FL 32725
Remove					
2) Change		_			
Add					
Remove					
3) Change		_		<u> </u>	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove					
. 🗀					
6) Change					· · · · · · · · · · · · · · · · · · ·
Add					
Remove					

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	•

date this document was signed.	puon:	, 11 otner than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	o-14 yn melin	
(By a dire selected,	ctdr, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Title of person signing)	
	(rate or berson signing)	