PY000030675

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIVE N FLY INC						
DOCUMENT NUMBER: P14000030675						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
NIRMAL PATEL Name of Contact Person						
LIVE N FLY INC Firm/ Company						
9049 NW 534 MNR Address						
CORAL SPRINGS FL 33067 City/ State and Zip Code						
info@livenfly.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
NIRMAL PATEL at (954) 688-4868 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:						
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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 Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIVE N FLY INC		_
(Name of Corporation as currently filed with the FI	lorida Dept. of State)	
P1400030675 (Document Number of Corporation (if	f known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	•	ng amendment(s) t
A. If amending name, enter the new name of the corporation:		
LIVE N FLY, INC.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coward word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ORETAR MAPR 23
	N/A	_ ~ ;(
		- PM 11: 4-7
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		J ***
Name of New Registered Agent N/A		
(Florida stre	vet address)	
New Registered Office Address: N/A	, Florida	- -
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Registered A	gent, 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Swapna K Watkins	7141 Dubonnet Dr
Add			Boca Raton, FL 33433
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		 	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
, A\V				
	· · · · · · · · · · · · · · · · · · ·			
. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
I	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
V/A				
W/^				
	•			

The date of each amendment(s) adoptio	n: N/A	, if other than the
date this document was signed.	•	
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 was/were sufficier	by the shareholders. The number of votes cast for the amendment(s) and for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated 4 14	12014 Malin	
selected, by a	president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
	JIRMALKUMAR S PATEL (Typed or printed name of person signing)	
<u></u> t	PRESIDENT, LIVE N FLY INC. (Title of person signing)	