P14000056917

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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: SNUGGLI	DO CORP			
DOCUMENT NUMBER: P140000569	17			
The enclosed Articles of Amendment and fee are s				
Please return all correspondence concerning this ma	atter to the following:			
EYAL ZAIDMAN				
	Name of Contact Person	1		
LIAN DESIGN C	ORP			
•	Firm/ Company			
9480 POINCIAN	A PLACE SUITE	208		
	Address			
FORT LAUDER	DALE, FL 33324			
	City/ State and Zip Cod	e		
ALABO8@HOTMAII	.COM			
	sed for future annual report	notification)		
For further information concerning this matter, please call:				
EYAL ZAIDMAN	at (954	, 582-6073		
Name of Contact Person		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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 26 61 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment Articles of Incorporation of

SNUGGLIDO CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

nent(s) to

P14000056917			
(Document Number	r of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Fl</i> e	orida Profit Corporation ac	dopts the following amendme
A. If amending name, enter the new name of the	e corporation:		
LIAN DESIGN CORP			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
	· · · · · · · · · · · · · · · · · · ·		
•		***************************************	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If amending the registered agent and/or regis		s in Florida, enter the nan	ne of the
Name of New Registered Agent			
Nume of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing F			
I hereby accept the appointment as registered agen	t. I am familiar with	h and accept the obligations	s of the position.

Signature of New Registered 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 Do	<u>e</u>	·
X Remove	V	Mike Jo	ne <u>s</u>	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add	-	_		
Remove				
3) Change				
	-	_		
Add				
Remove				
4) Change				
Add		·		
Remove				
5) Change				
Add				
Remove				
[]				
6) Change		-		
Add				
Remove				

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)	
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:	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(ly not applicable, indicate N/A)	
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MATTER PL 1	

The date of each amendment(s)	adoption: 07/02/2014	, if other than the
date this document was signed.	, , , , , , , , , , , , , , , , , , , ,	, ir other than the
Effective date if applicable:	7/02/2014	
. <u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	nst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 08/14	2014	
Signature	~~~~\$	
selec	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	EYAL ZAIDMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	