P1400064827

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/5	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

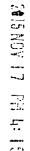
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NOV 1 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LOYALTY TRAD	ING INC	
DOCUMENT NUM	P14000064827		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	NINOTCHKA HECHT		
		Name of Contact Person	1
	JUST HIGH TECH CORP		
	<u></u>	Firm/ Company	
	10544 NW 26TH ST. SUITE	E-204	
		Address	
	DORAL FL 33172		
		City/ State and Zip Code	
asis	tentemiami@gmail.com		
	9 -	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
NINOTCHKA HECHT		786	3800145
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fcc	□\$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		Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ĺ	LOYA	ì	TY	TR	A DI	ING	INC:

(Name of Corporation as curren	tly filed with the Florida Dept, of State)	-
P14000064827		
(Document Number	of Corporation (if known)	(m.)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendme
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m	
B. Enter new principal office address, if applicable:	10677 NW 122nd ST.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MEDLEY FL 33178	
	···	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10677 NW 122nd ST.	
	MEDLEY FL 33178	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	. Florida	
. Ten Registered Synce Man eas.		(Zip Code)
new registered agent and/or the new registered office address Name of New Registered Agent N/A	street address), Florida (City)	•
1 nereny accept the appointment as registered agent. 1 am familia	r wun ana ассері ine obligations ој ine positi	OH,
		
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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		 	•
Add			
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			A
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary). (Be specific)
1	•
· · · · · · · · · · · · · · · · · · ·	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for in	mplementing the amendment if not contained in the amendment itself:
(іј поі аррис	cable, indicate N/A)
,	
,	
,	
,	

The date of each amandment(s)	10/26/2015 adoption:	, if other than the
date this document was signed.	adoption:	, if other than in
Effective date if applicable:	0/26/2015	
Effective date <u>it applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted 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 or each voting group entitled to vote separately on the amendment(s):	•
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/26/20	15	
Dated		
Classations		
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
аррс		
	GABRIEL J ESCALONA	
	(Typed or printed name of person signing)	· —————
	PRESIDENT	
	(Title of person signing)	****