## PH0091130

| (Rec                    | questor's Name)   |             |  |  |  |
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| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |  |
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| (Bu                     | siness Entity Nan | ne)         |  |  |  |
|                         |                   |             |  |  |  |
| (Do                     | cument Number)    |             |  |  |  |
| ·                       | ·                 |             |  |  |  |
| Certified Copies        | Certificates      | s of Status |  |  |  |
|                         | -                 |             |  |  |  |
|                         |                   |             |  |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: LIVE SOBER NO   | W CO, INC   |  |
|-------------------------|---|---|--|
| DOCUMENT NUM            | P14000091130  |   |  |
| The enclosed Articles   | of Amendment and fee are su   | bmitted for filing.   |  |
| Please return all corre | spondence concerning this mat   | tter to the following:  |  |
|                         | WILLIAM PFEIFFER  |   |  |
|                         |   | Name of Contact Person  | n  |
|                         | LIVE SOBER NOW CO, IN   | С   |  |
|                         |   | Firm/ Company   |  |
|                         | 4729 SW 195 TER.  | 7 mills Company   |  |
|                         |   | Address   |  |
|                         | SOUTHWEST RANCHES, I  | FLORIDA 33332   |  |
|                         |   | City/ State and Zip Cod   | e  |
| BP5                     | 55@COMCAST.NET  |   |  |
| <del></del>             | E-mail address: (to be us   | sed for future annual report                                      | notification)  |
|                         |   |   |  |
| For further information | on concerning this matter, pleas  | e call:   |  |
| WILLIAM PFEIFFE         | R   | at (  | 448-3909   |
| Name of Contact Person  |   | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for | or the following amount made  | payable to the Florida Depa                                       | artment 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) |
| Am<br>Div<br>P.C        | iling Address endment Section rision of Corporations b. Box 6327 lahassee, FL 32314 | Ameno<br>Divisio<br>Clifton                                       | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| ĭ  | WE  | <b>SOBER</b> | NOW | CO  | INC  |
|----|-----|--------------|-----|-----|------|
| L. | JVC | SUDEK        | NOW | CO. | IINC |

| of Corporation as currently    | filed with the Florida Dept. of State)   |  |
|--------------------------------|--|--|
|                                |  |  |
| (Document Number of            | Corporation (if known)   |  |
| 1006, Florida Statutes, this F | Torida Profit Corporation adopts the fo  | llowing amendment(s) to  |
| me of the corporation:         |  |  |
|                                |  | The new  |
| ation "Corp," "Inc," or "C     | Co". A professional corporation name   | the abbreviation   |
| if applicable:                 | N/A  |  |
| TREET ADDRESS )                |  |  |
|                                |  |  |
|                                |  | <del> </del>   |
| <u>cable:</u><br>OFFICE BOX)   | N/A  |  |
|                                |  | <u></u> -  |
|                                |  |  |
|                                |  |  |
|                                | ss in Florida, enter the name of the   |  |
|                                |  | The II   |
| WICHAEL KUTZSCHEK              |  |  |
| 7481 NW 47 PLACE               |  | SE 2:  |
|                                |  |  |
| (Florida stree                 | et address)  | D (1)  |
| (Florida stree                 | •  | 319  |
|                                | (Document Number of 1006, Florida Statutes, this Fine of the corporation:  ain the word "corporation ation "Corp," "Inc," or "Cion," or the abbreviation "Fine applicable:  TREET ADDRESS )  cable: DFFICE BOX)  d/or registered office address: MICHAEL KUTZSCHER | ain the word "corporation," "company," or "incorporated" or ation "Corp," "Inc," or "Co". A professional corporation name ion," or the abbreviation "P.A."  If applicable:  TREET ADDRESS   N/A   N/A   N/A   N/A   OFFICE BOX  N/A   Ador registered office address in Florida, enter the name of the registered office address:  MICHAEL KUTZSCHER |

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>se</u>                               |                       |
|-------------------------------|--------------|----------|---|-----------------------|
| X Remove                      | <u>v</u>     | Mike Jo  | nes                                     |                       |
| X Add                         | <u>sv</u>    | Sally Sn | <u>nith</u>                             |                       |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name                                    | Address               |
| 1) Change                     | P            | _        | JOAQUIN BARREDA                         | 1272 NW 106 TER       |
| Add X Remove                  |              |          |   | PLANTATION, FL. 33322 |
| 2) X Change                   | P            |          | MICHAEL KUTZSCHER                       | 7481 NW 47 PLACE      |
| Add                           |              |          |   | LAUDERHILL, FL. 33319 |
| Remove                        |              |          |   |                       |
| 3) Change                     |              | _        |   |                       |
| Add                           |              |          |   | •••                   |
| Remove                        |              |          |   |                       |
| 4) Change                     |              |          | *************************************** |                       |
| Add                           |              |          |   | <u> </u>              |
| Remove                        |              |          |   |                       |
| 5) Change                     |              |          | ,                                       |                       |
| Add                           |              |          |   |                       |
| Remove                        |              |          |   |                       |
| 6) Change                     |              | _        |   |                       |
| Add                           |              |          |   |                       |
| Remove                        |              |          |   |                       |

| (Attach additional sheets, if necessary).   | cles, enter change(s) here:<br>(Be specific)  |
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| If an amendment provides for an exch<br>provisions for implementing the amen<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:  |
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| provisions for implementing the amer<br>(if not applicable, indicate N/A)   | ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |

| •  | . <b>N/A</b>  |                                    |
|--|---|------------------------------------|
| The date of each amendment(s)                                      | adoption:   | , if other than th                 |
| date this document was signed.                                     | 1   |                                    |
| //<br>Effective date <u>if applicable</u> :                        | /12/17  |                                    |
| <u> </u>   | (no more than 90 days after amendment file date)  |                                    |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, the Department of State's records.                                      | nis date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                                    |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.   | nent(s)                            |
| ☐ The amendment(s) was/were a must be separately provided          | approved by the shareholders through voting groups. The following staffor each voting group entitled to vote separately on the amendment(s) | atement<br>:                       |
| "The number of votes ca  | ast for the amendment(s) was/were sufficient for approval   |                                    |
| by   | (voting group)  |                                    |
|  | (voting group)  |                                    |
| ☐ The amendment(s) was/were action was not required.               | adopted by the board of directors without shareholder action and share  | holder                             |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators without shareholder action and sharehold   | er                                 |
| 7/12/17  |   |                                    |
| Dated  |   |                                    |
| a:   |   |                                    |
| Signature (By  | a director, president or other officer – if directors or officers have not l  | heen                               |
| ` •  | cted, by an incorporator – if in the hands of a receiver, trustee, or other   |                                    |
|  | pinted fiduciary by that fiduciary)   |                                    |
|  | MICHAEL KUTZSCHER   |                                    |
|  | (Typed or printed name of person signing)   | <del></del>                        |
|  | VICE PRESIDENT  |                                    |
|  | (Title of person signing)   |                                    |