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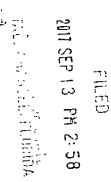
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C. GOLDEN SEP 1 4 2017

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: BIE ax fue	of lover's! Inc				
DOCUMENT NUMBER: P 15000014282					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter to the following:					
luz	Stella Buikago				
	Name of Contact Person				
	Firm/ Company				
3347 Cimarion Dr					
Ollando Fl 37829 City/ State and Zip Code					
	·				
breakfistla	estsbegmail.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	e call:				
	ar(407) 376-6171				
Name of Contact Person 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	□\$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	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327 Clitton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment Articles of Incorporation

FILED

	of		_
Break	fost Lovers!	Inc.	2017 SEP 13 PH 2:5
	Corporation as currently		1-11
P	150000142	87.	ALLAND MERFLORI
	(Document Number of C		Ŷā
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or "C	o". A professional co	corporated" or the abbreviation rporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		
			<u></u>
D. If amending the registered agent and/onew registered agent and/or the new r		ss in Florida, enter the	name of the
Name of New Registered Agent			
	(Florida stree	t address)	
New Registered Office Address:			, Florida
		City)	(Zip Code)
Now Registered Agent's Signature if the	nging Dogistanad Aganta		
New Registered Agent's Signature, if char hereby accept the appointment as registere		th and accept the oblige	itions of the position.
	Signature of New Res	gistered Agent, if chang	ing
	E		· ·

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.

Evample: X Change	<u>PT</u>	John Doc					
X Remove	<u>V</u>	Mike Jones					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change		Carolina Metica	3342 Comarion by				
Add			alando, FL 32879.				
Remove							
2) Change							
Add			· · · · · · · · · · · · · · · · · · ·				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

If amending or a	deboots if nocoss	ana) (Re eneci	(fic)		
Carolina	Herra	leaves	the	cooperation.	
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lf an amendmen	t provides for a	n exchange, recla	assification,	or cancellation of issued shares,	
	mplementing the icable, indicate N		not containe	d in the amendment itself:	
A/U		,			
1-/1-	-				
	_				
					_
		-			
	.	·			
-					

The date of each amendment(s) adoption: August 30 17017 , if other than the date this document was signed.
Effective date if applicable: August 30 2017 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 08 30 12017
Signature (leel
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)