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CRETARY OF SIME

COVER LETTER

NAME OF CORPORATION: My 4 Rules, Inc.

DOCUMENT NUMBER: P160000002561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jesús Remón Name of Contact Person My 4 Rules Tus Firm/ Company 1005 NE 125th Street, Suite 202 North Miami, Fy 33161

City/ State and Zip Code -mail address (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

My 4 Rules, Inc. (Name of Corporation as currently filed with the F	
(Name of Corporation as currently filed with the F	Florida Dept. of State)
P16 ØØØØØ 2561	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Incorporation:	s corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation" (orp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A = = = = = = = = = = = = = = = = = = =
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	123 M 9: 17
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: 4/4	, Florida
(City	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar HA Signature of New Registered	with and accept the obligations of the position.

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:		John Doo	
X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	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	T	Lynn Remon	12785 Cyprus Rd North Miani, FY 3318
X Add		9	North Miani, FY 3318
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······································
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<u> </u>
	,

The date of each amendment(s) adoption: $\frac{5/20/16}{1}$, if other than the
Effective date if applicable: 5/20/16 (no more than 90 days after amendment file date)	_
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" (voting group)	
☐ 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 5/20/16	
Signature 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)	_
President (Title of passen signing)	_