P1600000 4594

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R. WHITE NOV 0 5 2018 2018 OCT 29 PM 4:27 SECRETARY OF STATE TALLAMASSEF, FI

COVER LETTER

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TO: Amendment Section Division of Corpor					
NAME OF CORPOR	ATION: GOOD LOOKE	NG IX. INC			
DOCUMENT NUMBI	P16000001594				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	R	EBECCA WILLIAMS			
-		Name of Contact Person	1		
	B	EE SQUARE TAX SERVI	CE		
_	Firm/ Company				
	165	0 SAND LAKE RD STE 1	15		
-		Address			
		ORLANDO, FL. 32809			
_	·	City/ State and Zip Cod	2		
	REBE	CCA@BEESQUARETAX	COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
REBECCA WIL	LIAMS	at (851-4037		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depo	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			<u>Address</u>		
	idment Section	Amendment Section			
	ion of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of 2018 OCT 29 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FL

GOOD LOOKING IX, INC

(Name of Corporation as currently filed with the Florida Dept, of State)	
P16000004594	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation;	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	The new the abbreviation the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	(Zip Code) esition.
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>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally So	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	SAMUEL THINES	425 SELKIRK DR
X Add				WINTER PARK, FL. 32792
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
Add				
Remove				

stach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	1 1 1
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	~
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 discument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/15/18 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 cou appointed fiduciary by that fiduciary)	rt.
JOHN WASH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	