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R. WHITE NOV - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: GOOD VIBES LAKE WORTH, I	NC
DOCUMENT NUMBER: P1600045048	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
GOOD VIDES LAKE WORTH, INC.	
6169 S. Jog R.Q. Address	
LAKE WORTH, FL 33467 City/State and Zip Code	
Good Vibe 5 a can be v @ gweil. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TARA J. Huber at (Sb1) 350-5972 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

FILED

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<u> </u>	IBES LA	LKE WARTH	TINC.
		iled with the Florida Dept. of State	
<u> </u>	2045048		
((Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida	orida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
GOOD VISE	ES ACAI	BAR, INC.	The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	"company," or "incorporated" or ". A professional corporation name	the abbreviation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		NA	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		NA	
D. If amending the registered agent and/or new registered agent and/or the new regi		s in Florida, enter the name of the	
Name of New Registered Agent	NA		
	(Florida street	address)	
Mary Productional Office Address	NA	. Florida	
New Registered Office Address:	(C	, Pionda ity)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		h and accept the obligations of the po	vsition.
	NA		
	 Signature of New Reg 	istered 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: XChange	<u>PT</u>	John Doe	
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		NA	
Add			
Remove			
2) Change		NA	
Add			
Remove			
3) Change		NA	-
Add			
Remove			
4) Change		AG	
Add		_	_
Remove			
		Ah	
5) Change		100	<u> </u>
Add			
Remove			
6) Change		NA	
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	•
NA	<u> </u>
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f an amendment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	
<i>\</i> \	<u> </u>

The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	11-1-17	
<u> </u>	(no more than 90 days after amendment t	file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requestrement of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. <i>The</i> each voting group entitled to vote separately on the an	• •
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action an	nd shareholder
Dated	-30-17	
Signature	Det -	
(By a di	rector, presiden or other officer - if directors or office	
	, by an incorporator – if in the hands of a receiver, trus	stee, or other court
appoint	ed fiduciary by that fiduciary)	
	TARA J. HULER	7
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	

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