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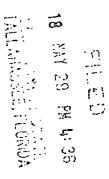
(Requestor's Name)
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MAY 3 0 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IKRACKED MI	EDIC INC
DOCUMENT NUMBER: P16000062993	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
ELIXETTE LAPPOTS	
	Name of Contact Person
WE SELL STUFF 2016 IN	∜C
	Firm/ Company
205 BRIARWOOD CIRC	LE
-	Address
HOLLYWOOD, FL 3302-	1
	City/ State and Zip Code
IRESTOREWIRELESS@GMA	IL.COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
ELIXETTE LAPPOTS	at (754) 218-7559
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address 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 of

U	f
IKRACKED MEDIC INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000062993	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WE SELL STUFF 2016 INC	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	205 BRIARWOOD CIRCLE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOLLYWOOD, FL 33024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	205 BRIARWOOD CIRCLE

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
	(City)	(Zip Code)

HOLLYWOOD, FL 33024

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 position,

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramaya			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	10-110-110-1
	<u> </u>
	
f an amendment provides for an exc provisions for implementing the am-	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	MAY 9TH, 2018	
The date of each amendment(s) date this document was signed.		, if other than the
	1AY 9TH, 2018	
Effective date <u>if applicable</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, t Department of State's records.	this 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 east for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s	
"The number of votes co	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 shar	reholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehol	der
MAY 9 Dated	ГН, 2018	
Signature <u>}</u>	a director, president or other officer – if directors or officers have not	Lhuen
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or othe binted fiduciary by that fiduciary)	
	ELIXETTE LAPPOTS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	