## P1600068092

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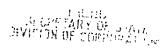
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: E63 LIFESTYLES	MEDIA INC			
DOCUMENT NUM	D1 (0000 (0000				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this mat	tter to the following:			
	MICHAEL SALVATORE				
		Name of Contact Persor	1		
	8634 NW 59TH PLACE				
		Firm/ Company			
		Address	<del>.</del>		
	PARKLAND, FL 33067				
		City/ State and Zip Code	e		
MA	RC1040@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
		·			
For further information	on concerning this matter, pleas	se call:			
MICHAEL SALVA	TORE	at ( <u>954</u>	752-3889		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ma	niling Address	<u>Street</u>	Address		
Am	nendment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	). Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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## E63 LIFESTYLES MEDIA INC

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P16000068092	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain 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 and new registered agent and/or the new registered office add	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Floria	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	<u>tent:</u> iar with and accept the obligations of the position.
Signature of No	ew 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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	EVAN BLOOMBERG	8634 NW 59TH PLACE	
Add			PARKLAND, FL 33067	
X Remove				
2) X Change	P	MICHAEL SALVATORE	8634 NW 59TH PLACE	
Add			PARKLAND, FL 33067	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

uttach <i>addition</i>	nal sheets, if necessary)	. (Be specific)			
					<del></del>
				******	
, ,,					<del></del>
			·		
rovisions for	ent provides for an exc implementing the am olicable, indicate N/A)	change, reclassifi nendment if not c	cation, or cancell ontained in the a	lation of issued sha mendment itself:	ares,
				<del>"</del>	

SEPTEMBER 26, 2016	ratio
The date of each amendment(s) adoption:	TYPE OF CONTOURS
date this document was signed.	
Effective date if applicable:	2016 OCT LL PM 2:
(no more than 90 days after amendment file date	;)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date 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(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and saction was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	cholder
SEPTEMBER 26, 2016	
Dated	
Signature Signature and 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	
appointed fiduciary by that fiduciary)	
MICHAEL SALVATORE	
(Typed or printed name of person signing)	100 100 100 100 100 100 100 100 100 100
PRESIDENT	
(Title of person signing)	

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