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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LOVJuice Franchis	sing, Inc.	
DOCUMENT NUMB	ER:		
	<i>f Amendment</i> and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following;	
(Harissa Roxberry		
-		Name of Contact Person	1
ı	OVJuice Franchising, Inc		
_		Firm/ Company	
(615 W Boynton Beach Blvd	Suite 341	
-		Address	
I .	Boynton Beach, FL 33437		
_		City/ State and Zip Code	2
Franch	ising@LOVJuice.com		
	E-mail address; (to be us	sed for future annual report	notification)
	concerning this matter, pleas		471 navo
Clarissa Roxberry		at ()
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 massee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOVJuice Franchising, Inc.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000075524			
(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:			
	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	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	6615 W Boynton Beach Blvd		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 341		
	Boynton Beach, FL 33437		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	6615 W Boynton Beach Blvd		
	Suite 341		
	Boynton Beach, FL 33437		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
tFlorida s	street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian			
Signature of New	Registered Agent, if changing Fig. D		

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: <u>X</u> Change	PT Joh	ın Doe				
X Remove	<u>V</u> <u>Mil</u>	Mike Jones				
X Add	<u>SV</u> <u>Sal</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
l) Change	D	Robert Roxberry	PO Box 1803			
xAdd			Boca Raton, FL 33429-1803			
Remove						
2) X Change	PD	Clarissa Roxberry	PO Box 1803			
Add			Boca Raton, FL 33429-1803			
Remove						
3) Change			- 			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	(Attach <i>additt</i>	or adding additional Art onal sheets, if necessary),	(Be specific)				
provisions for implementing the amendment if not contained in the amendment itself:							
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provisions for implementing the amendment if not contained in the amendment itself:							
	If an amenda	nent provides for an exc or implementing the am	hange, reclassifi	cation, or canc	ellation of issued	shares,	
						<u>-</u>	
	-						<u> </u>
					·		
							-
							
			- , , ,				

	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 date will not document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 east 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 6/13/2 c 17 Signature / 6/13/2 c 17	
(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)	
Clarissa Roxberry	
(Typed or printed name of person signing)	
President	
(Title of person signing)	