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From:

Division of Corporations

Fax Number

: (850)617-6380

JAN 1 1 2018

Account Name : ELO ENTERPRISES, INC

Account Number : 120159000109

Phone

·: (561)544 8862

Fax Number

: (954)697-0130

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## LC NOVELTY INVESTMENTS, INC

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December 26, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

LC NOVELTY INVESTMENTS, INC 3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065US

SUBJECT: LC NOVELTY INVESTMENTS, INC

REF: P16000087540

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Florida limited liability company, but your entity is a Florida corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II FAX Aud. #: H170003348B6 Letter Number: 617A00026038

P 3/6

FILED

Articles of Amendment to Articles of Incorporation 18 JAN 10 AM 8: 41

LC NOVELTY INVESTMENTS, INC				
(Name o	of Corporation as curren	tly filed with the Florkla Dept. of	State)	
P16000087540			<u>.   </u>	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Plorida Statutes, this	s Florida Profit Corporation Mopt	es the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corporation	ed or the abbreviation n name must contain the	
B. Enter new principal office address, if applicable:		4700 NW BOCA RATON BL	VD STE 202	
(Principal office address MUST BE A S	(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4700 NW BOCA RATON BLVD STE 202		
		BOCA RATON, FL 33431	j	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office ad ov registered office addre	dress in Florida, enter the name o	   <del>ofithe</del> 	
Name of New Registered Agent	ELO ENTERPRISES, IN			
Name of New Registered Agent	4700 NW BOCA RATO	N BLVD STE 202		
	(Florida s	street address)		
New Registered Office Address:	BOCA RATÓN	, FL	33431 orida	
<u> </u>		(City)	(Zip Code)	
New Registered Agent's Signature, if c I heroby accept the appointment as regist	hanging Registered Ages	nt:	the position	
Therapy accept the appointment as regard	erea agent. Tam jumitia	with and the cipi life thing of thems of	μοσ	
	HUDINE			
	Signature of New	Registered Agent, if changing		

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess, rector tite Presiden = Chief i er, Direct I in the fo aves the c	virector to vary) le by the j t; T= Tre Financial or would Howing n corporatio	first letter of the office title: wasurer; S= Secretary; D= Director; TR= l Officer. If an officer/director holds mov be PTD. nanner. Currently John Doe is listed as to on, Sally Smith is named the V and S. The	- Trustee: C = Cha re than one title, lis he PST and Mike Jo	irman or Clerk; CEQ = Chief the first letter of each office mes is listed as the V. There is
Example: X Change	PT	John D	oc		•
X Remove	<u>v</u>	Mike J	<u>ones</u>		
_X Add	<u>sv</u>	<u>Sally S</u>	mith		
Type of Action (Check One)	<u>Title</u>	•	Name	Address	
1) Change					
Add					
Remove					
2) Change					+
Add					1
Remove				<del></del>	
3 ) Change					<u> </u>
Add					1
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Remove					
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Add					<u> </u>
Remove					<del></del>

Page 2 of 4

E. If nmending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
F. 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)	

DECEN	MBER 18TH, 2017	10 - 45 45 41
The date of each amendment(s) adoption:date this document was signed.		if other than th
Effective date if applicable:		<del>;</del>
(no	o more than 90 days after amendment file date)	1
Note: If the date inserted in this block does not m document's effective date on the Department of State	neet the applicable statutory filing requirements, this e's records.	date will not be fisted as th
Adoption of Amendment(s) (CHEC)	<u>k one</u> )	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appre	cholders. The number of votes east for the amendme oval.	ont(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro	areholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval	
by(voting		
(voting	group)	
The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and shareholder	,
12/18/2017 Dated		
Signature  (By a director, president selected, by an incorpor appointed fiduciary by	of or other officer – if directors or officers have not be orator – if in the hands of a receiver, trustee, or other of that fiduciary)	een court
CONRADO CA	AIADO	
(Тур	ped or printed name of person signing)	
PRESIDENT		
<del></del>	(Title of person signing)	