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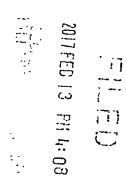
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: PIPPAROSE, INC		
DOCUMENT NUMB	ER: P17000009788		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CARLA HAKIM		
•		Name of Contact Person	n
	HIRSCH AND COMPANY	CPAS, INC	
		Firm/ Company	
	301 YAMATO ROAD SUIT	• •	
-		Address	
	BOCA RATON, FL 33431		
		City/ State and Zip Cod	e
carla@	hirschepas.com		
	•	sed for future annual report	notification)
	L-mail address. (to be di	sea for fatare armaar report	nottication,
For further information	concerning this matter, please	se call:	
CARLA HAKIM		954 at (928-0707 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PIPPAROSE INC

All Comments	Glad with the Florida Dept. of State)	
P17000009788	filed with the Florida Dept. of State)	
(Document Number of C	Corporation (if known)	 ,
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_{ij} its Articles of Incorporation:	·	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must	abbreviation 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)	760 170 270 271 271	2017 FEB
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	3 FH 1: 08
new registered agent and/or the new registered office address:		CO
Name of New Registered Agent		_
(Florida stree	rt 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 familiar wi		_
Signature of New Reg	gistered 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	VP		PHILIPPA STEINBERG	8 S LAKESHORE DRIVE
X Add		_		HYPOLUXO, FL 33462
Remove				
2) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary,	rticles, enter chan). (Be specific)			
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				•-
f an amendment provides for an ex	ushawaa maalaasi6	antian an annaellat	ion of icenad charge	
provisions for implementing the ar	mendment if not c	ontained in the ame	endment itself:	24
(if not applicable, indicate N/A)	I			
				<u> </u>
	· · · · · · · · · · · · · · · · · · ·		,	 ·

The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
02/09/201	7
Dated	
Signature +	16-1-
(By a d	rector, president or other officer – if directors or officers have not been the directors of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	HENRY STEINBERG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)