## P17000039719

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SECRETARY OF STATE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Lounge Four, Inc.		
DOCUMENT NUMBER: P1	7000039719		
The enclosed Articles of Amen		omitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
Carri Bı	own		
	·	Name of Contact Person	<del></del>
МуСогр	ooration		
		Firm/ Company	
26025 N	Aureau Rd., Ste 120		
		Address	
Calabas	as, CA 91302		
		City/ State and Zip Code	
F-n	nail address: (to be us	ed for future annual report	notification)
2 11	nun uun vos. (tt. ov uo	ou for ratare difficult report.	
For further information concern	ning this matter, please	e call:	
Carri Brown		at (	692-6772
Name of Contac	et Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made p	payable to the Florida Depa	rtment of State:
_	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)
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Amende Division Clifton 2661 E:	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

1

Lounge Four, Inc.	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P17000039719	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	'corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	
	AN En
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	Service Control of the Control of th
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I an	
Cionatu	re of New Registered Agent, if changing
Signatu	re vy reen registerea rigent, y enunging

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)

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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 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) X Change	DPT	Andres M. Chiriboga	5128 SW 155TH AV
Add			Miramar, FL 33027
Remove			
2) X Change	D	Andres F. Chiriboga	853 SW 153 PATH
			Miami, FL 33194
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional she</i>	ing additional Art eets, if necessary).	(Be specific)				
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If an amendment pr provisions for impl (if not applicab	rovides for an exelementing the amode, indicate N/A)	hange, reclassi endment if not	fication, or cance contained in the	ellation of issued amendment itse	shares, lf:	
		<del></del>	<del></del>			
		<del></del>		<u> </u>	······································	

The date of each amendment(s) adoption:	, if 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 document's effective date on the Department of State's records.	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) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	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 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 6/12/2017	
ATTO	
Signature;  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Andres M. Chiriboga	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	