## P17000041062

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JUN 1 5 2017 C MCNAIR

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassec, FL 32314

Division of Corporations DOCUMENT NUMBER: P170000 4-1062 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person LYCKE ENTENPRISES
Firm/ Company Address
PALM CITY, FL 34990
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** 

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation			
	of		A JUN OF
Lyck	E FNTENT	CISES /WC filed with the Florida Dept. of Stat	
(Name of Corpo	ration as currently	filed with the Florida Dept. of Stat	<u>e</u> )
· ·	PITOI	00041062	3
7 (Do	cument Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporation adopts the	بُرِ بُرِّ following amendment
A. If amending name, enter the new name of th	e corporation:		
Plan B Mar	GA TURIO	V last.	The way
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "Co	o". A professional corporation na A."	me must contain the
B. Enter new principal office address, if applica		7632 SW JACK	CJAMES DR
(Principal office address MUST BE A STREET A		7632 SW JACK STUART, FL 3	4997
		****	
C. Enter new mailing address, if applicable:		7/22 5 1 Tax	- T λ.
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	7632 SW JAC	CJAMES DA
		STURNT, FL	34997
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter the name of the	È
Name of New Registered Agent			<del></del>
	(Florida stree	t address)	,
New Registered Office Address:		, Florida	1
	(0	City)	(Zip Code)
N. D. Sakara I A analy Cianatana if alamaina	D 4		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		th and accept the obligations of the	position.
- No. co, accep, me appenment as esquested age.	, <b>-</b>	unu uccep and congunities of and	
	Signature of New Res	zistered Agent, if changing	<u>-u.</u>

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.

<u>X</u> 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
<u>provisions for implementing the amel</u>	The state of the s	
(if not applicable, indicate N/A)		1
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		,
(if not applicable, indicate N/A)		,
(if not applicable, indicate N/A)		,
(if not applicable, indicate N/A)		1

The date of each amendment(s) adoption:
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 be listed as the document's effective date on the Department of State's records.
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 statement must be separately provided for 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 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 6-6-2017
Dated 6-6-2017 Signature Chrosph Rhol
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)