P170000 S1232

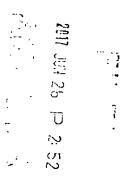
(Re	equestor's Name)	.
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	e Extensive 051232	e Marketing Inc
The enclosed Articles of Amendment and fee are so	ubmitted for filing	
Please return all correspondence concerning this ma	atter to the following:	
James !	B Bedeish Name of Contact Perso	n
	Firm/ Company	
1700 R Las Ola Et. Lauderdale	8 GUD Stc Z	0.2
It. Lauderdale	e FL 3330	
	ecsh Esmall.	
For further information concerning this matter, plea	se call:	
James Beckish Name of Contact Person	at (_407	, 808-2011
Name of 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 Service Certificate of Status	□\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Ameno	Address Intent Section on of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with	
P17000051232	-
(Document Number of Corporatio	
Pursuant to the provisions of section 607-1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation	fit 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 "corporation," "compa" "Corp.," "Inc.," or Co .," or the designation "Corp.," "Inc," or "Co". A preword "chartered," "professional association," or the abbreviation "P.A."	
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)	
D. If amending the registered agent and/or registered office address in Florinew registered agent and/or the new registered office address:	da, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	Florida
(City)	(Zip Code)
	29
New Register ed Agent's Signature, if changing Register ed Agent:	· ~
I hereby accept the appointment as registered agent.—I am familiar with and acc	
	2 · · · · · · · · · · · · · · · · · · ·
Signature of New Registered A	TO TO
Signitians of New Registered A	gent, if changing 50

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:	оус, ана гану	Sman, Sv as an Aaa.	
X Change	<u>PT</u> .	<u>John Doe</u>	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Morris, maria	1700 Elosores Blud Ste 207 Fort Lauderdale, 12633301
Add			Fort Lauderdale, 12633301
<u>X</u> Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	nal sheets, if necess	ary). (Be specific	9		
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an amendm	ent provides for an	i exchange, reclass	ification, or cance	ellation of issued sl	hares,
<u>rovisions fa</u>	r implementing the	e amendment if not	t contained in the	amendment itself:	
(if not ap	plicable, indicate N	<i>(A)</i>			
			·		
					
		•		. = :-	
				. <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 amenda	
(no more than 90 days after amendn	ient file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by	" "
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated June 27, 2017 Signature	
Signature /	
a director, president or other officer – if directors or o	
selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	, trustee, or other court
,	
Tames Beckersh (Typed or printed name of person signi	
(Typed or printed name of person signi	ng)
Sharehelder	
(Title of person signing)	