## PMWanas

(Re	equestor's Name	)
(Ac	ddress)	
(Ac	ldress)	<u>-</u>
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
į		
	<del></del>	





600306230156

12/05/17-+01028--001 \*\*35.00

nec 05 2017 3. YOUNG





November 16, 2017

NATELLA JOLIA CLIPSE, INC 831 SPINNAKER DRIVE E HOLLYWOOD, FL 33019

SUBJECT: CLIPSE, INC

Ref. Number: P17000063723

We have received your document for CLIPSE, INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

CANNOT USE BENEFIT CORPORATE FORM

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00023237

TREC-4 PM 2: 06

OF ABOVE OF SAME

OF ABOVE OF S

## COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: $\frac{CC}{P/7}$	ipse, ine 000063723
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
	Name of Contact Person
	Clipse, Inc.
_831 Sp	innaker dr E
Hollyn	Address  OOD FL 33019  City/ State and Zip Code
infoa	Clips cine, com  be used for future annual report notification)
For further information concerning this matter	, please call:
Natella Joli	at (407) 498 - 2800 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount in	made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of
Clipse, 11	1C
	ntly filed with the Florida Dept. of State)
	3723
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the ts Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 12mm
	<u>≥∵_</u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
Į.	
'	
). If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	ess:
Name of New Registered Agent NGO.	tella jolia o <u>innaxes dr E</u> street address)
831 50	sinnerer de E
(Florida	street address)
New Registered Office Address: Kollywoo	od . Florida 33019
	(City) (Zsp Code)
•	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	
	/
Aleka	10 ha-
Signature of Non	w Registered Auent of 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 = Trustce; 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 Doc 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.

Frample	c, ana su	ny samon, s	r us an Add,	
Example: X Change	PT	<u>John Doe</u>	:	
X Remove	<u>v</u>	Mike Jon	es	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		Leonid Rogozhin	831 Spinnakerdo E
Add <b>X_</b> _ Remove	,			831 Spinnakerdo E Kollywood Fl 33019
2) X Change	ρ	ı 	Natella Jolia	831 Spinnaker dr 6 Hollywood FL 33019
Add	,			Hollywood
Remove		l		FL 33019
3 ) Change		<del></del> .		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		٠		
Remove		1		
6) Change		- ·		
Add				
Remove				

лиасп <i>ааани</i>	or adding additio	onal Articles	s, enter char	igets) here.			
	onal sheets, if nec	essury). (E	se specific) -	10	1.1	Porcal	· ,
	Ker	novi	ng	LCO.	nid 1	corpork	preside
	Nnte	ello	0,0	Lia	will	be a	preside
		1					
<u>_</u>		<u></u>					
		·					·
		4				<del></del> -———	
						<del></del>	
	·····						
		•		<del></del>			<del></del>
		·	·				
		t					
		İ					
						<del></del>	
		•					
		<u> </u>		· . •			
		i					
	<del></del>	•					
16			an -anlawifi	antion on a	angallation of ice	and charm	
II an amenor	ment provides for or implementing	the amenda	nent if not c	ontained in	the amendment	itself:	
provisions fo	nolicable indicat	e N/A)			0	<del>/                                    </del>	_ /
provisions fo					/		
provisions fo	Nate	ella	100	1a -	100%	//0	SMares
provisions fo	pplicable, indicate NGF	ella	JOL	1a -	100/0	//00	Shares
provisions fo	Nati	ella	JOL	1a -	100%		SMARES
provisions fo	Nati	ella	JOL	1a -	100%		SMATES
provisions fo	Nati	ella	JOU	1a -	100%		SMARES
provisions fo	Nati	ella	JOU	1a -	100%		SMARES
provisions fo	Nati	ella	JOU	1a -	100%		SMARES
provisions fo	Nati	ella	)0l	1a -	100%		SMARES
provisions fo	Nati	ella	JOU	1a -	100%	//0	SMARES
provisions fo	Nati	ella	J0l	1a -	100%		SMARES

The date of each amendment(s) adoption: 11/29/2017	than the
late this document was signed.  Effective date if applicable: 11/29/2017	,
(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 document's effective date on the Department of State's records.	s 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 cast for the amendment by the shareholders was/were sufficient for approval.	mt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	:
Dated	
alitelle So	
Signature (By a director, president or other officer – if directors or officers have not be	NAME OF THE PARTY
selected, by an incorporator – if in the hands of a receiver, trustee, or other of	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
•	
President	
(Title of person signing)	