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C. GOLDEN AUG 2 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: WE FEEL SO GOO	DD INC	
DOCUMENT NUMBI			
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
		LINETH E. RIVAS	_
-		Name of Contact Person	
	WE FEEL SO GOOD INC		
-		Firm/ Company	
	7	7946 EAST DRIVE APT 30	07
-		Address	
	NO	ORTH BAY VILLAGE, FL	. 33141
-		City/ State and Zip Code	
		lineth_rivas4@hotmail.com	m
	E-mail address: (to be us	sed for future annual report	
For further information	concerning this matter, pleas	se call:	
LINETH E. RIVAS		786	de & Daytime Telephone Number
Name o	f 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:
■ \$35 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)
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

FILED

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	WE FEEL SO GOOD	INC	500 MOG 52 LU 1: 22
(Name of Cor	poration as currently fil	ed with the Florida Der	nt. of State) TALLAMAMOET, FLORIDA
	P1700007027)	TALLAGAMENT ENTLORINA
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida	rida Profit Corporation :	idopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association."	"Corp," "Inc," or "Co"	 A professional corpo 	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>			
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address istered office address:	in Florida, enter the na	nme of the
Name of New Registered Agent			
	(Florida street	address)	
N. Dariman I (W. a. Chianna			. Florida
<u>New Registered Office Address:</u>	(Ci		(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered to	ing Registered Agent: agent. I am familiar with	and accept the obligation	ons of the position.
	Signature of New Reg	istered Agent, if changing	<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	PT	John Doc	
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>	Address
1) Change	VP	Matthew Colon	7946 EAST DRIVE APT 307
X Add			NORTH BAY VILLAGE
Remove			FLORIDA 33141
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		<u>.</u>
		-
		
		
		
		 -
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

	08/22/2017	
The date of each amendment(s) a date this document was signed.	ıdoption:	, if other than the
08 Effective date <u>if applicable</u> :	/30/2017	
Effective date in applicable.	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirepartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ufficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and	shareholder
08/22/201 Dated		
Signature	- Jakilika	
select	director, president or other filter – if directors or officers ed. by an incorporator – If in the hands of a receiver, trustented fiduciary by that figuriary)	
	LINETH E. RIVAS.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	