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| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| | _ |
|--|--|
| NAME OF CORPORATION: DR. | SIEMPRE JOVEN CORP |
| DOCUMENT NUMBER: 717000 | 72278 |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this | natter to the following: |
| NE | iL A. PLACERES |
| | Name of Contact Person |
| Dr. Sic | EMPRE JOVEN CORP Firm/Company |
| . II | |
| <u> </u> | 78TH STREET Address |
| <u> </u> | BEACH FL 33/41 City/ State and Zip Code |
| | City/ Stale and Zip Code |
| depincere | SNeiLOGmail. COM used for future annual report notification) |
| n-man address. (to be | used for future annual report normeation) |
| For further information concerning this matter, pl | ease call: |
| NEIL A PLACERES | at (786) 340 9365 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount mad | e payable to the Florida Department of State: |
| \$35 Filing Fee \$\to\$\$ \$Certificate of Status | |
| Mailing Address | Street Address |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallabaceae El 20214 | 2661 Describes Contac Circles |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

| UK. SIE | MILLE JOVEN CORP. | |
|---|---|------------------------------------|
| (Name of Cor | foration as currently filed with the Florida Dept | . of State) |
| | | |
| (| Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607,1006, its Articles of Incorporation: | Florida Statutes, this <i>Florida Profit Corporation</i> ac | dopts the following amendment(s) t |
| A. If amending name, enter the new name of | | |
| | FEMPRE CORD. | The new |
| | e word "corporation," "company," or "incorpor "Corp," "Inc," or "Co". A professional corpord or the abbreviation "P.A." | |
| B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | |
| | | |
| | | |
| | egistered office address in Florida, enter the nan | <u>ie of the</u> |
| new registered agent and/or the new regis | stered office address: | |
| Name of New Registered Agent | | |
| | | · · · · · · |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | ng Registered Agent: gent. I am familiar with and accept the obligation. | s of the position. |
| | | 2017 FALL |
| | | T SEP T |
| | Signature of New Registered Agent, if changing | P-5 |
| | | mg. D |
| | | |
| | Page Lof 4 | 45 |

| address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, | and/or D if necess rector title President = Chief I r, Director in the for | irector being ary) e by the first le ; T= Treasure inancial Officor would be PT llowing manne orporation, Sa | dded: tter of the office title: r: S≈ Secretary; D= Director; TR= er. If an officer/director holds mor D. Currently John Doe is listed as th ly Smith is named the V and S. Thes | er/director being removed and title, name, and : Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change, |
|--|--|--|--|---|
| Example: X Change | <u>PT</u> | <u>John Doe</u> | | |
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Nar</u> | <u> </u> | <u>Addres</u> s |
| 1) Change | | · | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | <u> </u> | |
| Add | | | | |
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| 4) Change | | | | |
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| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |

____ Remove

| E. If amending or adding additional Articles, | enter change(s) here: |
|---|---|
| (Attach additional sheets, if necessary). (Be | specific) |
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| F. If an amendment provides for an exchange | reclassification, or cancellation of issued shares, |
| provisions for implementing the amendme | ent if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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|---|---|------------------------------|
| The date of each amendment(s) adoption: date this document was signed. | 09/01/2017 | , if other than th |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does r document's effective date on the Department of | | ate will not be listed as th |
| Adoption of Amendment(s) (CF | IECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | shareholders. The number of votes cast for the amendment(approval. | s) |
| | shareholders through voting groups. The following statem group entitled to vote separately on the amendment(s): | ent |
| | indment(s) was/were sufficient for approval i | |
| by | ting group) | |
| (vo | ding group) | |
| ☐ The amendment(s) was/were adopted by the action was not required. | board of directors without shareholder action and sharehold | er |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorporators without shareholder action and shareholder | |
| Dated 09 01 | 2017 | |
| Signature NEIL | A. PLACERES | |
| (By a director, pres | sident or other officer - if directors or officers have not been | |
| | orporator – if in the hands of a receiver, trustee, or other cou | rt |
| appointed fiduciar | y by that fiduciary) | |
| N | JEIL A PLACERES | |
| | (Tlyped or printed name of person signing) | |
| | | |
| | PRESIDENT | |
| | (Title of person signing) | |