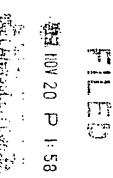
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: 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 Firm/ Company E-mail address: (to be used for fittire annual report notificat For further information concerning this matter, please call: 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) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation of	
LOVP FREE	0.000	
(Name of Corpo	ration as currently filed with the Florida Dep	ot. of State)
P17000	74593	·
(Di	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Et its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		
name must be distinguishable and contain the	word "corporation" "company" or "incorp	The new orated" or the abbreviation
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or	orp," "Inc," or "Co". A professional corpor the abbreviation "P.A."	cation name must contain the
B. Enter new principal office address, if applic		
(Principal office address MUST BE A STREET)	ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
D. If amending the registered agent and/or registered agent and/or the new registered agent		me of the
new registered agent and/or the new register	teu vince address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	ll Registered Agent:	
I hereby accept the appointment as registered age	ii. I am familiar with and accept the obligation	
	ignature of New Registered Agent, if changing	W 20 P I
	IA	% :: <i>(</i>)1

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)

(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. Sailty Smith is named the V and S. These should be noted as John Doe, PT as a Change.

Mike Jones, V as Remove	e, and Sali	ly Smith, SV as	an Add.	
Example: X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Nama Nama I		Address
1) Change	P	R	onald M. Brandon	1971 NW 2nd C+# 9 Miami FL 33134
Add Remove			JK,	Miami FL 33134
2) Change	CE	0 1	anine D. Pickens	1971 NW 2ndc+#
Add Remove				Miami FL 33136
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			-	
Remove				

E. If amending or adding additional Arti	icles, enter change(s) here:
 E. If amending or adding additional Article (Attach additional sheets, if necessary). 	(BE specific)
	.
	<u> </u>
F. If an amendment provides for an exch	nange reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(3,	
	<u> </u>
	III)
	H

The date of each amendment(s) adoption: NOVEMBET 15, 2017, if other than the date this document was signed.
date this document was signed.
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) (<u>CHECK ONE</u>)
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"
(voling 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 November 15, 2017
and a second and a second as a
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incomporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Ronald Brunch
(Typed or printed name of person signing)
(Title of person signing)