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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: If Eye Ever, Inc.		
DOCUMENT NUM	W117000003070 C	170000 958	05
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Susan McDowell		
		Name of Contact Person	n
	If Eye Ever, Inc.		
		Firm/ Company	<del></del>
	38 N.W. 105th Street		
		Address	
	Miami Shores, Fl 33150		
		City/ State and Zip Cod	e
en zo	n@ciroloofonamarkatina asm		
Nuza:	n@circleofonemarketing.com	sed for future annual report	notification)
	is-man address. (to be u	sed for future annual report	ik/incation)
For further information	on concerning this matter, pleas	se call:	
Suzan McDowell		305	490-9145
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

If Eye Ever Inc						
	(Name of Corporation	on as currently fil	ed with the Florida D	ept. of State)		-
W17000093878	P:700009580	`5				
	(Docum	ent Number of Co	rporation (if known)			
Pursuant to the pro its Articles of Incor	visions of section 607.1006. Florida rporation:	Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the follow	ring amen	dment(s) to
A. <u>If amending na</u>	ame, enter the new name of the co	rporation:				
					The	new
"Corp.," "Inc., " e	tinguishable and contain the word or Co.," or the designation "Corp, "professional association," or the c	" "Inc," or "Co"	. A professional corp			
	ncipal office address, if applicable:					_
(Principal office a	ddress <u>MUST BE A STREET ADD</u>	<u>ORESS</u> )			_	
		_	-	38	78.1	_
		_			(T)	<del>-</del> []
	iling address, if applicable:			<del>√</del>	(*) 	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	ss <u>MAY BE A POST OFFICE BO</u>	<u>X</u> ) _		<u></u>		TT
		_		•	==	
				닭.	, <u>5</u>	
		-		7.	~~~~	<del></del>
	e registered agent and/or register agent and/or the new registered o		in Florida, enter the r	name of the		
new registered	agent and/or the new registered (	office address:				
Name of N	New Registered Agent					
		(Florida street a	eddress)			
<u>New Regis</u>	stered Office Address:			Florida		_
		(City	יי	(Zi	ip Code)	
61 F6						
	gent's Signature, if changing Regi appointment as registered agent.		and accept the obligati	ions of the position	<b>1</b> .	
, and a first time	77	<b>,</b>	are the time seeing will	and the property		
	<del></del>					
	Signa	ature of New Regis	tered Agent, if changin	lg.		

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Susan McDowell	38 N.W. 105th Street
Add			Miami Shores, Fl
Remove			33150
2) Change	V	Suzan Mayne	11621 N.W. 6th Street
Add			Plantation, Fl
Remove			33325
3) Change	_		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_ <del> </del>	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	·
(n	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of State	neet the applicable statutory filing requirements, this date will not be listed as the 's records.
Adoption of Amendment(s) (CHEC	K ONE)
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	cholders. The number of votes cast for the amendment(s) oval.
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval
by	<u> </u>
(voting	group)
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder
12/7/17 Dated	7
Signature	
	for other officer - if directors or officers have not been
selected, by an inco <del>rpo</del> appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court that fiduciary)
Susan McDowe	:11
(Typ	ped or printed name of person signing)
President	

(Title of person signing)