## P17000097838

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	of Status
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TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: ENCORE ROCI Estete G-oug, Inc DOCUMENT NUMBER: \$17000097838			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Please return all correspondence concerning this matter to the following:  JUSTIN FORD	2		
Encore Rec State Croup  Firm/ Company	3		
7445 Allen KL Suite 250			
Allen Paria, MI 48101 City/ State and Zip Code			
City/ State and Zip Code			
JUSTIN @ ENCOREREG. COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JUSTIN FORD a1 313, 400-5491			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept0of(State) -9 (MII: 16

(Document	t Number of Corp	oration (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this <i>Flori</i>	la Profit Corpor	ution adopts the fo	ollowing amendment
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abb	"Inc," or "Co".	A professional	'incorporated" or corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	, <del>-</del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>			2010
				<u> </u>
		<u>-</u>		*97
	_		<u>.</u>	37
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		Florida, enter	the name of the	· ·
new registered agent and/or the new registered offi	ice additess.			
Name of New Registered Agent		<del></del>	<u> </u>	
<del></del>	(Florida street aa	dress)		
	, ,		. Florida	
New Registered Office Address:	(City)		, riorida_	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with a	nd accept the ob	ligations of the po	osition.
Signatu	ire of New Regist	ered Joent if ch	anviny	

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> <u>Jo</u>	olui Doc	
X Remove	<u>v</u> <u>M</u>	<u>1ike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	Matthew Sc. 1vatorie 110	Address 2160 NE band C  Fort Landerdale FL, 33308
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<del> </del>	

	ets, if necessary).	1 2			
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	<u>vides for an exch</u>	iange, reclassifica	tion, or cancellatio	n of issued shares,	
f an amendment pro			taineu m tue amei	ument usen.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. $11 - 5 - 18$	
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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"  (voting 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 11-5-18	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
JUSTIN FORD	
(Typed or printed name of person signing)	
Presdent & CEO	
(Title of person signing)	