

,		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	Your Logo By Gi	eger, Inc.	
DOCUMENT NUMI	BER: P18000050975	,	
	of Amendment and fee are st	obmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Charla L Sanders		
	<del></del>	Name of Contact Perso	n
	The Tax Place		
		Firm/ Company	
	1600 N. Harbor City Blvd.	, .	
		Address	
	Melbourne, FL 32935		
		City/ State and Zip Cod	С
Al A -			
tneta	xplacefl@gmail.com		
	n-maii aduressi (to be ui	sed for future annual report	nonlication)
For further information	n concerning this matter, pleas	se call:	
Charla L Sanders		321	610-8471
Name o	of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address Indiment Section Ison of Corporations Box 6327 Ishassee, FL 32314	Amend Divisic Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation

18 JUL 30 AH 9: 39

our Logo By Gieger, Inc		
( <u>Name c</u> P18000050975	of Corporation as curren	tly filed with the Florida Dept. of State)
	(Document Number	of Corporation (1f known)
dursuant to the provisions of section 607, s Articles of Incorporation;	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new na	une of the corporation:	
our Logo By Geiger, Inc.		The new
ame must be distinguishable and come Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa.	ation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:		N/A
Principal office address <u>MUST BE A S</u>		N/A
		N/A
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
-		N/A
		N/A
. If amending the registered agent an new registered agent and/or the new		fress in Florida, enter the name of the
N/A Name of New Registered Agent		
	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	, Florida
Ben regimered Cypee Hadress.		(City) (Zip Code)

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, it 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>J</u>	l <u>ohn Doe</u>	
X Remove	<u>Y</u> _2	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nam</u> e	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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)
N/A
INDY
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	06/20/2018	
The date of each amendments date this document was signed.	) adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was were by the shareholders was wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was were action was not required.	adopted by the incorporators without shareholder action and shareholder	
June 2 Dated	0. 2018	
Signature	aherre Bele	
(By sele	a director, president or other officer - if directors or officers have not been reted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	<del></del>
alyl,		
	Catherine Bell	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	