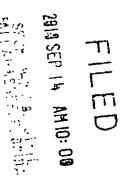
P18000053269





000317018810

08/17/16--01017--003 *+35.00



Amend

SEP 17 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Lived Lives Shuffle Inc DOCUMENT NUMBER: P180 000 53269 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: eresa Hernandez
Name of Contact Person E-mail address: (to be used for Inture annual report notification) 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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 িন্দ্রীনিassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



September 5, 2018

TERESA HERNANDÉZ LIVED LIVES SHUTTLE, INC. 7330 W. 15TH CT HIALEAH, FL 33014

SUBJECT: LIVED LIVES SHUTTLE, INC

Ref. Number: P18000053269

We have received your document for LIVED LIVES SHUTTLE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 018A00018341



August 20, 2018

TERESA HERNANDEZ LIVED LIVES SHUTTLE, INC. 7330 W. 15TH COURT HIALEAH, FL 33014

SUBJECT: LIVED LIVES SHUTTLE, INC.

Ref. Number: P18000053269

We have received your document for LIVED LIVES SHUTTLE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 618A00017188

Articles of Amendment to Articles of Incorporation of

Lived Lives Shuttle, Inc	
(Name of Corporation as currentl	y filed with the Florida Dept. of State)
P18000 53269	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-N/A - S T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A R
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent	
New Registered Office Address: New Registered Office Address:	reet address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	$rac{1}{2}$ with and accept the obligations of the position.
Signature of New P	Registered Agent, if changing
Signature of New I	Registered Agent, if changing

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		Robin Valderrania	7330W15Hh Cf
≯ Add			Hialeal FL 33014
Remove			
2) Change	_5V_	ErickValdermeun	7330W (5th CS Halaby FC 330Ky
X Add			Halian 10 33019
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

	eers, ij necessarvy.	(Be specific)			
FTKY	# 83-09				
<u> </u>	14 05 01	1454			
	-	<u> </u>			
					
	•				
		*			
					
				<u> </u>	
					_
					
					
If an amendment pi	rovides for an exch	ange, reclassifi	cation, or cancel	lation of issued shar	es,
provisions for imp	rovides for an exch lementing the ame ole, indicate N/A)	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	<u>es,</u>
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	<u>es,</u>
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	<u>es,</u>
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	<u>es,</u>
provisions for imp	lementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,
provisions for imp	lementing the ame	ange, reclassifi ndment <u>if not c</u>	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,
provisions for imp	lementing the ame	ange, reclassifi ndment if not co	cation, or cancel ontained in the a	lation of issued shar mendment itself:	es,

The date of each amendment(s) adoption: _	06/13/2018	, if other than the
late this document was signed.	.	
Effective date if applicable:	06/13/2018 inb more than 90 days after amendment file	
	(nb moke than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require i State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (\underline{C})	H <u>ECK ONE</u>)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting	he shareholders through voting groups. The fol ag group entitled to vote separately on the amer	llowing statement adment(s):
"The number of votes east for the ain	endment(s) was/were sufficient for approval	
by Teresa Hernaudos	oting group)	
Ó	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and	shareholder
Dated 08/26/2012	3	
Signature Tolera)	Herriaces esident or other officer – if directors or officers	
(By a director, pre	esident or other officer – if directors or officers corporator – if in the hands of a receiver, truste	have not been e or other court
	ry by that fiduciary)	c, or other court
Teve.	Sa Hernandez (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
Pres	(Title of person signing)	
	(Title of person signing)	