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(Re	equestor's Name)	<u> </u>
(Ad	Idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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3.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MDS (-10U0/121	nd a More	In
DOCUMENT NUMB	er: <u>P1800</u>	00655	96	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
[MoneKi2	Name of Contact Person	n	
-	PO BOX	Firm/Company 2217		
-	Eatonvi	Address I E F C City/ State and Zip Cod	3275/	
		6 be 1500 and for future annual report		
For further information	concerning this matter, pleas	se call:		
Monek Name o	12 WISOn f Contact Person	at (321 Area Co	239 6323 de & Daytime Telephone Number	
Enclosed is a check for	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)	
Mail	ing Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

MD'S LiQuorland & N	love Inc
Name of Corporation as currently	filed with the Florida Dept. of State)
P12000005596	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profu Corporation adopts the following amendment(s) to
A. If amending name, enter the new name or the corporation.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation: Co". A professional corporation name must contain thes
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 2217 Extonville FL 32810
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
Name of New Registered Agent Name of New Registered Agent 330 Cary	a Wilson apus View Dr
New Registered Office Address: VIANGO	City) . Florida 528 10
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the position.
Monekia Wile Signature of New Re	Pristered Avent, if changing
=-3	9 9 7

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 D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	P	_	Marcus Hai		330 Campus	
Add Remove				<u>(</u>	Orlando'FL	3284 0
2) Change	P	_	MoneKia Wil	<u>S</u> ON <u>Z</u>	330 Campus! Orlando FL =	View Dr 32810
Remove				_		
3) Change Add						
Remove				_		
4) Change						
Add Remove						
				_		•
5) Change Add		_				
Remove						
6) Change		_				
Add				_		
Remove				_		

(Attach additi	or adding additional Articles, enter charge in a constructional sheets, if necessary). (Be specific)		
	1/A		
·		<u>-</u>	
_ .			
-			
			
. <u> </u>			
If an amenda	ment provides for an exchange, reclassi	fication, or cancellation of is	senod charoc
provisions f	for implementing the amendment if not pplicable, indicate N/A)	contained in the amendmen	t itself;
	V/A		
			

ALIQUIST 1, 2018
The date of each amendment(s) adoption:
Effective date if applicable: Algist 2018 (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) (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)
(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.
Daled Alignist 15,2018
Signature There There
(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)
Marcus Harris (Typed or printed name of person signing)
President (Resigning)
(Title of person signing)