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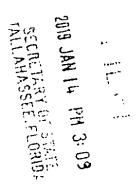
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| COVER LETTER 2  |
|---|
| O: Amendment Section Division of Corporations   |
| VAME OF CORPORATION: KWT The Husband tov Hive, Inc.   |
| DOCUMENT NUMBER: P   80000 7   0 2 9  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| lease return all correspondence concerning this matter to the following:  |
| Name of Contact Person  Kut The Husband for Hire he  Pirm/Company  Address  Boch Raton FT 33433  City/ State and Zip Code  Kut O Husband for hour com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:    August   343-556    Name of Contact Person   Area Code & Daytime Telephone Number   |
| Certificate of Status  (Additional copy is certified Copy (Additional Copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle                            |

Tallahassee, FL 32301

## Articles of Amendment to

| •  | Articles of Incorporation   |
|--|---|
| Kurt The   | Husband-for Hire, Luc.  |
| ( <u>Name of Corpora</u>   | tion as currently filed with the Florida Dept. of State)  |
| <u> </u>   | 0000710329  |
| (Doct  | ument Number of Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation: | ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the                                       | corporation:  |
|  | The new   |
|  | ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicab                                   |   |
| (Principal office address <u>MUST BE A STREET AL</u>                                 | ODRESS)   |
|  | CG +  |
|  |   |
| C. Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE B  | <u> </u>  |
|  |   |
|  |   |
| Die in de la company   |   |
| new registered agent and/or the new registered                                       | <u>ered office address in Florida, enter the name of the</u><br>d office address:   |
|  |   |
| Name of New Registered Agent   |   |
|  |   |
|  | (Florida street address)  |
| New Registered Office Address:   | , Florida   |
|  | (City) (Ztp Code)   |
|  |   |
| New Registered Agent's Signature, if changing Re                                     | egistered Agent:  |
|  | I am familiar with and accept the obligations of the position.  |
|  |   |
|  |   |
| Sign   | gnature of New 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 De      | <u>oe</u> |                                       |             |  |
|----------------------------|-------------|--------------|-----------|---------------------------------------|-------------|--|
| X Remove                   | <u>v</u>    | Mike Jo      | ones      |                                       |             |  |
| X Add                      | <u>sv</u>   | Sally Si     | mith      |                                       |             |  |
| Type of Action (Check One) | Title       |              | Name      |                                       |             | Address  |
| 1) <b>2</b> Change         | <u>P</u>    | <del>-</del> | Kurt      | A. Burret                             | 0 _         | 23054 Post Gardens Way<br>#401<br>Boca Raton, FL 33433 |
| X Add                      |             |              |           |                                       | _           | #401   |
| Remove                     |             |              |           |                                       | _           | Boca Katin, FL 33433                                   |
| 2) X Change                | St          | Γ            | Lisa      | Solimine                              | Bur         | 10 23054 Post Gardens # 401 Boca Rahm FE 3343          |
| Add                        | •           |              |           |                                       |             | # 401 C 2043   |
| Remove                     |             |              |           |                                       | _           | DOCARCADON H 33 13                                     |
| 3 ) Change                 |             | _            |           | · · · · · · · · · · · · · · · · · · · | _           |  |
| Add                        |             |              |           |                                       |             |  |
| Remove                     |             |              |           |                                       | _           |  |
| 4) Change                  |             | _            |           |                                       | _           |  |
| Add                        |             |              |           |                                       |             |  |
| Remove                     |             |              |           |                                       | _           | <del></del>  |
| 5) Change                  | <del></del> |              |           |                                       | <del></del> |  |
| Add                        |             |              |           |                                       | _           |  |
| Remove                     |             |              |           |                                       | -           |  |
| 6) Change                  |             | _            |           | <del> </del>                          |             |  |
| Add                        |             |              |           |                                       | _           |  |
| Remove                     |             |              |           |                                       |             |  |

| If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)   |
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| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |   |
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| The date-of each amendment(s) adoption:   | , if other than the            |
|---|--------------------------------|
| date this document was signed.  |                                |
| Effective date <u>if applicable</u> :   |                                |
| (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 document's effective date on the Department of State's records.                            | date will 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 by the shareholders was/were sufficient for approval.   | nt(s)                          |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):      | ment                           |
| "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 shareho action was not required.   | lder                           |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |                                |
| Dated   |                                |
| Signature Signature   |                                |
| (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other edappointed fiduciary by that fiduciary) |                                |
| Lessa Solinine B  | arreto                         |
| (Typed or printed name of person signing)   |                                |
| Secretary / Ireasure  | <u> </u>                       |
| (Title of person lighing)   |                                |