P18000097078

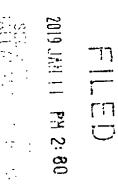
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Lou	ball L	imited Inc
DOCUMENT NUMB	ER: P180	0000 970	78
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	M	ichael,	Hudson
-		Name of Contact Person	
-		Firm/ Company	
_	10640	> NW Z	8th
	5 m, 15e.	F/ 33 City/ State and Zip Code	322
	huds o	5 // Q g Ma/ sed for future amnual report	1.com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mic.	hael Hudso	oh at 770	231-2088 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□S43.75 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)
	ing Address		Address
Ame	nament Section	A ጠሮክብ	ament section

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

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

Articles of Amendment

to

Articles of Inco	poration
of	mited the
· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)
P1800009	7078
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	TI TI
	22
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
N: 10 : 100: 11	F(- ')
New Registered Office Address: (C	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

Signature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
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5) Change			
Add			
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6) Change			
Add			
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prov	isions for imp	rovides for an excholementing the ame ble, indicate N/A)					ŗ
						<u>. </u>	

The date of each s	mendment(s) adoption: /- 4-19 if other than
date this document	was signed.
Effective date <u>if a</u>	$\frac{1-9-19}{1}$
Lifective date <u>ii a</u>	(no more than 90 days after amendment file date)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as re date on the Department of State's records.
Adoption of Ame	dment(s) (CHECK ONE)
	(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) ders was/were sufficient for approval.
	(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):
"The num	ber of votes east for the amendment(s) was/were sufficient for approval
by	."
, —	(voting group)
The amendmen action was not i	(s) was/were adopted by the board of directors without shareholder action and shareholder equired.
The amendmen action was not r	(s) was/were adopted by the incorporators without shareholder action and shareholder equired.
1	Dated
	Dated 1-4-19 Signature
•	(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)
	Michael Hudson
	(Typed or printed name of person signing)
	President
	(Title of person signing)