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SECRETARY OF STATE

JUN 11 2019 S. YOUNG

, <u>co</u>	/ER LETTER
FO: Amendment Section Division of Corporations	
NAME OF CORPORATION: DEELIVIN, INC.	
DOCUMENT NUMBER: P19000011097	
The enclosed Articles of Amendment and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	following:
Derik Wagner	
Name	of Contact Person
SEA LIVIN', INC.	
Fi	m/ Company
3200 Dover Rd	
	Address
Pompano Beach, FL 33062	
City/ S	ate and Zip Code
derikwagner@gmail.com	
E-mail address: (to be used for fute	ire annual report notification)
For further information concerning this matter, please call:	
Derik Wagner	954 903-8684
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certificate	5 Filing Fee & ied Copy Certificate of Status ional copy is Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address

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 Incorporation

ωf

DEELIVIN, INC	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
P19000011097	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	 <u>ion:</u>
SEA LIVIN', INC.	The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevi	noration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent	
(Fle	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fac-	
•	

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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s
1) Change		_			_	
Add						
Remove						
2) Change		_			_	
Add						
Remove						·
3) Change		_		1	_	
Add						
Remove						
4) Change		_			_	
Add						
Remove						
5) Change						
Add					_	
Remove						
6) Change		_			_	
Add						
Remove						

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
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c.p.		
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16		
If an amendment provides for an exch	ange, reclassifica	tion, or cancellation of issued shares,
provisions for implementing the amer	ndment if not con	tained in the amendment itself:
(if not applicable, indicate N/A)		
	<u> </u>	
-		
		<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more th	ån 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated $5/23/2019$	7
Signature	
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	iary)
Derik :	T. Wujner ited name of person signing)
(Typed or prin	nted name of person signing)
Pres	Vdent
(3	Title of person signing)