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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: builty Diessurez wholesaly Distributors		
DOCUMENT NUMBER: P19 0000 197 84		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deffrey Eubanks Name of Contact Person Coulthy Place Sure & Luholescle Distibutes		
Guilty Pleasures wholesale Distibutors Firm/ Company		
Address  Lauderda Le Lakes, Florida 333t1  City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)	19 JUN 18	عا بمرآ
Deffrey Eubanks  at ( 954 ) 849 - 2233  Name of Contact Person Area Code & Daytime Telephone Number	DEFORATIO PM 4: 49	OF STATE
Enclosed is a checκ for the following amount made payable to the Florida Department of State:	o ions	, [ * ·
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)		
<u>Mailing Address</u> Amendment Section  Street Address Amendment Section		

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

#### **Articles of Amendment**

### Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

## Gulity Pleasurez WholesAle Distributors INC

P190	000 29786				_	
·	(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607.100 its Articles of Inco poration:	06, Florida Statutes, this	Florida Profit Corporatio	n adopts the fol	lowing a	mend	ment(s) t
A. If amending name, enter the new name Guilty Pleasurez	wbolesale	Distributors	· Zuc			ew
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation "Corp," "Inc," or "	n," "company," or "inco Co". A professional corp P.A."	orporated" or poration name	must coi	ntain (	the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		3855 NW 19	1th St			_
		1855 NW 10 Lauderdale	Lakes	FL	333	3i   -
C. Enter new moiling address, if applicate (Mailing address MAY BE A POST OF				1	19 5 18	) 17/5: JA (5/60) 17/5: JA (5/67)
D. If amending the registered agent and/o new registered agent and/or the new re	egistered office address	<u>:</u>	name of the		61:14 H <sup>A</sup>	U OF STATE OPPORATION
Name of New Registered Agent	Eubanks 4474 West	OCHERY		<u>.                                    </u>		C
_		eet address)	(2) '.d.	 3333	3)	
<u>New Registered Office Address</u> :	4000	(City)	, Florida	(Zip Cod	de)	
New Registered Agent's Signature, if chat I hereby accept the appointment as registere	d agent. I am familiar s	with and accept the obliga		ition.		

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 rinancial 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 Kemove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT J.</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Eubanks, Jeffrey	4474 Weston Rd
Add			Davic, FL 33331
Remove			
2) Change	_ ✓	Eubanks, Jeffrey	4474 Wester R
<u>⊀</u> ∧dd			Davic FL 3373
Remove	T	Eubanko Jeffens	4474 weom Rel
3) Change Add			Dane FL 3333)
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)		
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an amendment provides for an excl	ange, reclassification, or canc	ellation of issued shares.	
provisions for implementing the ame	ange, reclassification, or cang	ellation of issued shares, amendment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 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 Sold Endown Endown Signature Signature Sold Endown Endown Endown Signature Sold Endown Endown Signature Sold Endown Signat	en ourt
(Typed or printed name of person signing)  President  (Title of person signing)	