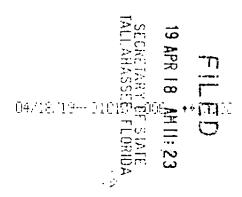
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Peace Love Hamm	ocks. Inc	
DOCUMENT NUMB	ER: P19000031377		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	ter to the following:	
	Mandy Adam		
		Name of Contact Person	n
		Firm/ Company	
	1200 Floral Springs Blvd Un	it 12104	
-	, , , , , , , , , , , , , , , , , , ,	Address	
	Port Orange, FL 32129		
		City/ State and Zip Cod	u
peace	lovehammocks@gmail.com		
· ·	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Mandy Adam		at (315-807-7626 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	☐\$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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Peace Love Hammocks, Inc.

(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P19000031377	
(De	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Fl its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:
	Thenew
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the r the abbreviation "P.A."
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)
	19 10 10
D. If amending the registered agent and/or reg new registered agent and/or the new register	ered office address:
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
I hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the position.
	Simultury of Vine Pagistared Amost, 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 Dog	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Mandy Adam	1200 Floral Springs Blvd
X Add			Unit 12104
Remove			Port Orange, FL 32129
2) Change			19 APR
Add			S & S & S & S & S & S & S & S & S & S &
Remove			
3) Change			D 1111/23 514/18 1.08/10A
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti trach additional sheets, if necessary).	(Be specific)	
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		- CR
		AP PR
		18 % 85f
	to a second character of issued character	٣٠ اسم
an amendment provides for an exci-	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	AHII. FLOR
(if not applicable, indicate N/A)		SE A SE
		ES IDA

	4/5/2019		
The date of each amendment(s)	adoption:	if other th	ian th
date this document was signed.	/5/2019		
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
action was not required.	adopted by the board of directors without shareholder action and shareholder	19 A	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder action and shareholder	APR I	
4/16/20	19		
Dated			11
			フ
Signature	The second second	<u>နု</u> သ	
(By	addirector, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	' ω	
	pinted fiduciary by that fiduciary)		
	Mandy Adam		
	(Typed or printed name of person signing)		
	Owner/Registered Agent		
	(Title of person signing)		