(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



400348786824

08/03/20--01024--028 **45.75

SEP 2 2 2070 IALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: FOREVALOVE IN	NC	
	BER: P19000031399		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MARCOS AZOS		
		Name of Contact Persor	1
	FOREVALOVE INC		
		Firm/ Company	
	5537 NW 90th TERRACE		
		Address	· · · · · · · · · · · · · · · · · · ·
	SUNRISE, FL 33351		
		City/ State and Zip Code	2
	forevaloveprint@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		
MARCOS AZOS		at (2001213
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
An Di P.O	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

FOREVALOVE INC		

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P19000031399		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation name musi	
B. Enter new principal office address, if applicable:	5537 NW 90TH TERRACE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUNRISE, FL 33351	185
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5537 NW 90TH TERRACE	
	SUNRISE, FL 33351	?
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		
Name of New Registered Agent MARCOS AZOS		
5537 NW 90TH TER	RACE	
(Floria	da street address)	
New Registered Office Address: SUNRISE	, Florida	33351
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e_Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Р	ANA C PACHECO	5537 NW 90TH TERRACE
Add			SUNRISE, FL 33351
Remove			
2) X Change	VP	MARCOS AZOS	5537 NW 90TH TERRACE
Add			SUNRISE, FL 33351
Remove 3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if nec	essary). (Be specifi	Lj		
		· ·		
				
	CET.	-9413	480482	• •
	<u></u>	07,5	70000	<u>, </u>
			,	-
			- .	
				7.00
an amendment provides for	r an exchange, reclas	sification, or cance	llation of issued shar	'es.
provisions for implementing	the amendment if no	ot contained in the	amendment itself:	
(if not applicable, indicate	e N/A)			
				
			-, -	
			·	
				
				

.

The date of each amendment(s)	adoption:	, if other than
date this document was signed.		
	/01/2020	
Effective date if applicable:	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory fil Department of State's records.	ling requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors	s without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes sufficient for approval.	s cast for the amendment(s)
The state of the s	pproved by the shareholders through voting group each voting group entitled to vote separately of	•
"The number of votes ca	st for the amendment(s) was/were sufficient for a	ipproval
by		
	(voting group)	
07/01/202 Dated	711100	
(By a select	director, president or other officer – if directors (ted, by an incorporator – if in the hands of a recented fiduciary by that fiduciary)	
	ANA C PACHECO	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing)	

the

the