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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WE LIV CARS IN	NC.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ALEKSANDRA KRAVETS	3	
•	<u>-</u>	Name of Contact Person	n
-		Firm/ Company	<u>_</u>
_	4650 SW 51ST STREET ST	E 719	
	Address		
	DAVIE, FL 33314		
-		City/ State and Zip Cod	e
ALEX	@WELIVCARS.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
ALEKSANDRA KRAVETS		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WE LIV CARS INC.					
(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)		
P19000033700					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the f	ollowing an	nendir	nent(s)
A. If amending name, enter the new n	ame of the corporation:				

name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name of PA"	The abbre must cont	eviatio	271
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>					
C. Enter new mailing address, if applicable:		4650 SW 51ST STREET STE 719			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	-	32.7	5 -	
		DAVIE, FL 33314	- 		
				ÁY	
D. If amonding the registered agent week	. d (dress in Florida, enter the name of the	7	Ġ	ι (Τ)
new registered agent and/or the ne			:	-3;?	
Name of New Registered Agent			<u> </u>	ġ.	
Name of then Registered Agent	4650 SW 51ST STREET	STF 719		32	
		street address)			
	DAVIE	,	3314		
New Registered Office Address:		, Florida, Florida	(Zip Code		
			(11)	,	
New Registered Agent's Signature, if o					
I hereby accept the appointment as regis.	tered agent. I am familia	r with and accept the obligations of the pos	sition.		
	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, SF as an Add,

Example: XChange	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>р</u>	ALEKSANDRA KRAVETS	4650 SW 51ST STREET
X Add			STE 719
Remove			DAVIE, FL 33314
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change	-		<u></u>
Add			
Remove			
ი) Change			
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	(Be specific)		
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rovisions for implementing the amen	inge, reclassification, or cancellati dment if not contained in the ame	on of issued shares, ndment itself:	
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassification, or cancellati dment if not contained in the ame	on of issued shares, ndment itself:	
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The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
	0/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
·,	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
4/30/2019 Dated		
Signature	Cenandra Kranets	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	ALEKSANDRA KRAVETS	
	(Typed or printed name of person signing)	
	PRESIDENT, SOLE SHAREHOLDER AND OFFICER	
	(Title of person signing)	