P20 0000 37700

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phon	e #)		
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(Dc	cument Number)		
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: _	CLEAVER	THAN	EVER,	INC.
DOCUMENT NUMBER:	P20 0000	37200		
The enclosed Articles of Amendm	ent and fee are subn	nitted for filing.		
Please return all correspondence co	oncerning this matte	r to the followi	ng:	
	Robats	Bww. Name of Conta	SKY act Person	
		Firm/ Con	npany	_
	203	S. 21 A	JENUE	
 .	[]500[1	City/ State and	<u>ろ</u> るの』 LZip Code	20
E-mail	address: (to be used	oudowskye for future anni	CAR. WM udl report r	otification)
For further information concerning	this matter, please	call:		
RUBERT RUI Name of Contact Po)OUSKY erson	at (954 Area Cod) <u>925-7001</u> 2 & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made pa	yable to the Flo	rida Depar	tment of State:
\$\times \text{S35 Filing Fee} \text{S43.} \\ Certification of the content of the c	75 Filing Fee & l ficate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	у	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327	tion		Division	ddress nent Section of Corporations ntre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment n

		Articles o	to Articles of Incorporatio of		
LEANER	THAN	EVER	INS		

^	on as currently filed with the Fig	orida Dept. of State)	
	00_37200 nent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	-		ving amendment(s)
A. If amending name, enter the new name of the co	orporation:		
C.C LAB, INC. ame must be distinguishable and contain the word "co			The new
ame must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corp	rporated" or the abbrevio poration name must con	ation "Corp.," tain the word
. Enter new principal office address, if applicable	<u></u>		
Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)		2
			-020
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	(X)		
			P
			
			25
. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the	
Name of New Registered Agent			
	(Florida street address)		<u></u>
	(Fiorida street address)		
New Registered Office Address:	Cin	, Florida	
	(City)	(2.	ip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	obligations of the position	n.
Signe	ature of New Registered Agent, if c	changing	

heck 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		- 	
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Artical additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
····	
	
u amandmant provides for an evol	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) acd date this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>		
and in applicable.	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharef	nolder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
Dated	127/2020	
Signature	(-(-)-	<u> </u>
selected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	not been other court
	(Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	(Title of person signing)	
-	(Title of person signing)	