P20 000061896

(Requestor's Name)				
(Addre	ess)			
(12 1 1 1	,			
(Address)				
(City/S	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busir	ness Entity Na	me)		
(Docu	ment Number)		
Certified Copies	Certificate	se of Status		
Certified Copies	Certificate			
Special Instructions to Fil	ing Officer:	·		

Office Use Only



600356806716

12/28/20--01031--019 **35.00

2020 DEC 28 PH 2: 31 SECRETARY OF STATE

ON ON 19121

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: KIDDIE INC DOCUMENT NUMBER: __ P2000061896 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEE LEFKOWITZ Firm/ Company BOY INDIAN TRACE #182 WESTON FL 33326
City/ State and Zip Code into @ Kiddierx. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEE LEFKOWITZ at (954) 298-3116

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to

FILED

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. P20000061896 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street padress) New Registered Office Address: 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:

٠.

(Attach additional sheets, if necessary)

Example:

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Lee Leffowitz	Address 304 Indian Trace
1) Change Add Remove Change Add	-ρ_	Lifestyle Equities LLC	Ste. 182 Weston Fr 33326 304 Indian Trace Ste. 182
Remove 3) Remove Add			Weston, FL 33326
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

tach duamonar sheets, ij heces.	sary). (Be specific)		
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
			/
			
-			
-			
	/		
<u> </u>			
			
	····/		
· · · · · · · · · · · · · · · · · · ·			-
,			
			<u></u> ,
,			
			····
			
			
an amendment provides for a	an exchange, reclassification	or cancellation of issue	d shares.
rovisions for implementing th	he amendment if not contai	ned in the amendment its	elf:
(if not applicable, indicate l	V/A)		
••	•		
			<u> </u>

• • • • • •

The date of each amendmer			, if other than the
date this document was signe	i.		
Effective date if applicable:			
Energy and in applicable.	(no more than 90 day	ys after amendment file date)	
	this block does not meet the applicable the Department of State's records.	statutory filing requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board	d of directors without shareholder	action and shareholder
	ere adopted by the shareholders. The numbers sufficient for approval.	mber of votes cast for the amendm	ent(s)
	ere approved by the shareholders through led for each voting group entitled to vote		tement
"The number of vote	es cast for the amendment(s) was/were su	ifficient for approval	
by			
	(voting group)	· · ·	
Dated	11/23/2020	_	
Signature _			
(By a director, president of other officer -		
	elected, by an incorporator - if in the har	nds of a receiver, trustee, or other	court
ā	ppointed fiduciary by that fiduciary)		
	Lee Lef	Kowit 2	
	(Typed or printed name	e of person signing)	
	F	President	
	(Title of person signing	g)	 -