## 300001513

| (Requestor's Name)                      |
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| (Document Number)                       |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RWL1INC.                                    |  |   |
|--|---|--|---|
| DOCUMENT NUMB  | P9800007313                                 |  |   |
| The enclosed Articles o  | f Amendment and fee are su                  | bmitted for filing.  |   |
| Please return all corresp  | ondence concerning this ma                  | tter to the following:   |   |
| 1  | Robert W Lovern                             |  |   |
| -<br>1   | R W L I INC.                                | Name of Contact Person   | on  |
| -  | 529 Idlewyld Drive                          | Firm/ Company  |   |
| -  | Fort Lauderdale, FL 33301                   | Address  |   |
| _  |   | City/ State and Zip Co   | de  |
| rwlove   | rn@aol.com                                  |  |   |
|  | E-mail address: (to be us                   | sed for future annual repor  | rt notification)  |
| For further information  | concerning this matter, pleas               | se call:   |   |
| Robert Lovern  |   | 954<br>at (  | 292-4027  |
| Name o   | f Contact Person                            |  | ode & Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida De  | partment 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 |   | Amer<br>Divis<br>Clifto  | t Address Indment Section Identify the Corporations In Building Executive Center Circle |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

RWLIINC

| P98000007313   | filed with the Florida Pept of State) PM 2: 14                  |
|--|---|
| (Document Number of  | Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Clorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I | Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST_BE A STREET ADDRESS</u> )  |   |
| 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:  new registered agent and/or the new registered office address:  |   |
| Name of New Registered Agent   |   |
| (Florida stre  | et address)   |
| New Registered Office Address:   | , Florida   |
|  | City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | ith and accept the obligations of the position.                 |
| Signature of New Re  | rgistered 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, SV as an Add.

| Example: X Change          | <u>PT</u>    | John De  | <u>oe</u>     |                           |            |
|----------------------------|--------------|----------|---------------|---------------------------|------------|
| X Remove                   | <u>v</u>     | Mike Jo  | <u>ones</u>   |                           |            |
| X Add                      | <u>sv</u>    | Sally Si | mith_         |                           |            |
| Type of Action (Check One) | <u>Title</u> |          | Name          | <u>Addres</u> s           |            |
| 1) Change                  | V            |          | Robert Lovern | 629 Idlewyld Drive        | _          |
| X Add                      |              | _        |               | Fort Lauderdale, FL 33301 | -          |
| Remove                     |              |          |               |                           | -          |
| 2) Change                  |              | _        |               |                           | -          |
| Add                        |              |          |               |                           | Z S        |
| Remove                     |              |          |               | 15 AUG                    | CRE        |
| 3 ) Change                 |              | _        |               |                           | ラグステージステー  |
| Add                        |              |          |               |                           |            |
| Remove                     |              |          |               | 2:14                      | ST.<br>ORI |
| 4) Change                  |              | _        |               | <del></del>               | -          |
| Add                        |              |          |               |                           | -          |
| Remove                     |              |          |               |                           | -          |
| 5) Change                  |              | _        |               |                           | -          |
| Add                        |              |          |               |                           | <u>.</u>   |
| Remove                     |              |          |               |                           | -          |
| 6) Change                  |              | _        |               |                           | -          |
| Add                        |              |          |               | <del></del>               | -          |
| Remove                     |              |          |               |                           |            |

| ttach additional sheets, if necessary). | (Be specific)  |   |              |
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|   |  | P                                       | Ξ,           |
| an amendment provides for an excl       | ange, reclassification, or cancellation of issued shares,  | 2: 14                                   | <u></u>      |
| provisions for implementing the ame     | ndment if not contained in the amendment itself:   | 두                                       | 8            |
| (if not applicable, indicate N/A)       |  |   | ~            |
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| The date of each amendment(s) adoption:  | , if other than the                     |
|--|---|
| date this document was signed.   |   |
| Effective date if applicable:  | <u> </u>                                |
| (no more than 90 days after amendment file date)   |   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.                                | ill not be listed as the                |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |   |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 adopted by the board of directors without shareholder action and shareholder action was not required.  | SECRETAI<br>FALLAHAS                    |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   | - 7 (X)(X)F                             |
| Dated  | ED<br>OF STATE<br>F. FLORID<br>PH 2: 14 |
| Signature Muy Suur   | ATE<br>RIDA                             |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |   |
| Sally P Lovern   |   |
| (Typed or printed name of person signing)  | •                                       |
| President  |   |
| (Title of person signing)  |   |