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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:			
DOCUMENT NUMBER: V70027	-	-	
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
HARRY PATEL			
HP AND COMPANY.	Name of Contact Perso	n	
2651 NE 7TH STREET	Firm/ Company		
POMPANO BEACH, F	Address T. 33062		
 -	City/ State and Zip Cod	e	
HARRYJPATEL@GMAIL.C	OM		
E-mail address: (to	be used for future annual report	notification)	
For further information concerning this matter	, please call:		
HARRY PATEL	754 at (366-88(0)	
Name of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for the following amount r	made payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		□\$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 2661 E	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

18 JUL -6 PKI2: 17

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		
SHIVE, INC. V70027			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following ame	ndmen	u(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 "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contail		
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 OF FICE BOX)			i.
(Matting dearess MAT DI. AT UST VITTAL DUA)			<u>< ;</u>
		<u> </u>	
			75
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	בט עב	92
new registered agent and/or the new registered office address:		PH 12:	9 H
Name of New Registered Agent		2	A 2
		7	57.
tFlorida stree	d address)		Ω,
New Registered Office Address:	Florida		
10	Σiy) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
Signature of New Reg	gistered 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	COO	STEPHANIE PATEL	2651 NE 7TH
_			POMPANO BEACH, FL 33062
Add X Remove			
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remaye			

Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exc provisions for implementing the ame	nange, reciassifica endment if not con	tion, or canceuat tained in the am	<u>ion or issued sna</u> endment itself:	ires,	
(if not applicable, indicate N/A)					
<u>-</u>					_
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</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 require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e umendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol- must be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes east 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 action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
JUNE 28TH, 2018	
Dated	
Signature	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
JAYANTI PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	