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Anna Tainoni

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: MAF	RIKO BOUTIQUE, INC 48 (?)	
DOCUMENT NUMBER: 3688	48 (!)	
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this ma	_	
Pete	r Kiyokawa	
MARIK	Name of Contact Person SOUTIQUE, INC	
329 Wor	Name of Contact Person SOUTIQUE, FNC Firm/ Company HA Address Address City/ State and Zip Code	
Palm Bea	ad, FL 33480	
	City/ State and Zip Code	
MARIKOINC	e att. Net used for future annual report notification)	
E-mail address: (to be u	ised for future annual report notification)	
For further information concerning this matter, plea	ise call:	
Peter Kiyokawa	561,655 5770	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

Articles of Incorporation of

MARIKO BOUTIQUE INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
\mathcal{I} GS848 (?)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The net
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "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 address)
New Registered Office Address:, Florida
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.
Thereby decept the appointment as registered agent. I am juminar with and decept the obligations of the position.
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, nan 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: Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eac. 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. 1 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PT John Doe X Remove Mike Jones X Add SVSally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) UKIKO OKA 1) ____ Change X Add __ Remove 2) ____ Change _____ Add ____ Remove 3) ____ Change ____ Add Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add Remove 6) ___ Change

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Remove

If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
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If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:
C Promote the second	

The date of each amendment(s) adoption:	if oth ر
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/23/2013 Signature Mariho Kijokana	
Signature Mariko Kijokana	_
(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)	
MARIKO KIYOKAWA (Typed or printed name of person signing) PRES.	=
(Typed or printed name of person signing)	
	-
(Title of person signing)	