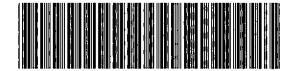
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SECRETARY OF STATE DIVISION OF CORPORATIONS

C.Lew, 514

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORROR	Too Y	Onton Ex	cotic modeling Inc.
NAME OF CORPOR	0.4	_	<u> </u>
DOCUMENT NUMB	DER: 814000C	1819118	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Rebekah	O. Lewis	<u> </u>
		Name of Contact Perso	on.
	* 0.1.1	Firm/ Company	
_	3406 +	arbolton	Way
	1 1 0 1	arbolton Address	20129
-	Lana O La	City/ State and Zip Cod	59656
	Rebekahl E-mail address: (to be us	3099mail	
For further information	concerning this matter, pleas	se call:	
Rebekal	O. Lewis	at (\$13	Sq8-733 Dode & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ing Address ndment Section sion of Corporations Box 6327	Ameno Divisio	Address dment Section on of Corporations n Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	of			
Top Noten Exotic mode		<u>C </u>	14 OCT 27	80 : 11 MA
(Name of Corporation as currently filed with	the Florida Dept. of	State)		
Q14000081978				
(Document Number of Corporat	ion (if known)			
resuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	, this <i>Florida Profit C</i>	Corporation add	opts the following	g amendment(s)
If amending name, enter the new name of the corporatio	n:			
Top Notch Clothin				The new
me must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevia	or "Co". A profess			
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(Mailing address MAI BE A FOST OFFICE BOX)	•			
If amending the registered agent and/or registered office	address in Florida.	enter the name	e of the	
new registered agent and/or the new registered office ad				
Name of New Registered Agent				
- CI				
(Flori	ida street address)			
New Registered Office Address:	(7)	, Florida_	m, a 1)	
•	(City)		(Zip Code)	
w Registered Agent's Signature, if changing Registered A	.gent:			

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, 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	Elaine M. Pennington	3406 Tarbolton Way Lando Lakes, FL 34638
Add			·	Lando Lakes, FL 34638
Remove				
2) Change		_		
Add				
Remove				
3) Change				<u> </u>
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary). (Be				
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			·· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchange rovisions for implementing the amendment	reclassificatio	n, or cancella	tion of issue	d shares.
rovisions for implementing the amendme (if not applicable, indicate N/A)	nt if not contai	ned in the an	nendment its	<u>elf:</u>
(tj not applicable, indicale N/A)				
			· · · · · · · · · · · · · · · · · · ·	
				<u> </u>

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	10 22 2614 (no more than s	•	14 OCT 27	OF STATE PROPORATIONS	if other than th
Adoption of Amendment(s)	HECK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	e shareholders. The approval.	e number of votes cast	for the amend	ment(s)	
The amendment(s) was/were approved by must be separately provided for each voting	the shareholders throng group entitled to	ough voting groups. 7 vote separately on the	he following standards	tatement :	
"The number of votes cast for the am	endment(s) was/we	re sufficient for approv	/al		
by 2			,,		
(v	oting group)		 ⁺		
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the					
action was not required. Dated 1012213	-014				
		cer – if directors or off			
	corporator – if in the ry by that fiduciary)	e hands of a receiver, t	rustee, or othe	r court	
Q	Rbekah	rinted name of person			
	(Typed or p	rinted name of person	signing)		
<u> </u>	residen	t			
	(Tit	tle of person signing)			