P10000024344

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	≠ #)
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Correct the spelling of Gabrille should be Gabrielle

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	House of Gabrille, Inc.	
DOCUMENT NU	MBER:	P10000024344	
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning thi	matter to the following:	
		Tiffany James	
	N	me of Contact Person	
	H	ouse of Gabrielle	
		Firm/ Company	
		2 Pembroke Rd.	
		Address	
		amar, FL 33023	
		ry/ State and Zip Code	
	Mystree 16 (o E-mail address: (to be use	for future annual report notification)	
For further inform	ation concerning this matter,	alease call·	
i or further inform	Eula Nelson	000 4000	
Name	of Contact Person	at (954) 309-4280 Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Department of State:	
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy	Status
Mailing A		Street Address	
Amendment Section		Amendment Section	
	f Corporations	Division of Corporations Clifton Building	
P.O. Box 6327		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of	MARZO
House of Gabrille, Inc.	PM 1:1:0
(Name of Corporation as currently filed with the Florida Dept. of State)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P10000024344	FLORIS
(Decument Number of Composition (if known)	

A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
	OF GABRIELLE			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or in name must contain the word "chartered," "p	the designation "Co	orp," "Inc," or "	'Co". A professional e	ed" or the corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/onew registered agent and/or the new re			da, enter the name of	<u>the</u>
Name of New Registered Agent:				
New Registered Office Address:	(Florid	da street address,		
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			ept the obligations of th	ne 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, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u> Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
	, , , , , , , , , , , , , , , , , , , 		
			☐ Remove
		 	
			Remove
	ding or adding additional Articles, e dditional sheets, if necessary). (Be s		
(anach a	uamonai sneets, ij necessary). (Be s		
·			
	mendment provides for an exchange ons for implementing the amendmen		
	not applicable, indicate N/A)		
······································			

The date of each amendmen	t(s) adoption: March 19, 2010
Effective date <u>if applicable</u> :	March 19, 2010 (date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Odane James
	(Typed or printed name of person signing)
	Vice President/ Director
	(Title of person signing)