P0600096329

Office Use Only



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SECRETARY OF SPAN

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May

COVER LETTER

TO: Amendment Section Division of Corporations

3 1

NAME OF CORPORATION: HORSE WE	EAR COR	Р
DOCUMENT NUMBER: P0600009632	29	
The enclosed Articles of Amendment and fee are submitte	d for filing.	
Please return all correspondence concerning this matter to	the following:	
,	_	
IRMA LINDO DE MARROI	N	
(Na	me of Contact Person)
	(Firm/ Company)	
8234 NW SOUTH RIVER	DR.	
	(Address)	
MEDLEY FL 33166		
(Cit	y/ State and Zip Code)
E-mail address: (to be used for	future annual report n	otification)
For further information concerning this matter, please call:		
Irma Lindo de Marron	_{at (} 305	397-5136 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Cod	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payabl	e to the Florida Depar	tment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4 Certificate of Status Certified C		☐\$52.50 Filing Fee icate of Status Certified Copy
enclosed)	(Additional Co	• •
Mar - 111	.	,
Mailing Address Amendment Section	Street A	ddress nent Section
Division of Corporations		of Corporations
P.O. Box 6327	Clifton I	
Tallahassee, FL 32314		ecutive Center Circle

Tallahannan EL 20201

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Articles of Amendment Articles of Incorporation of

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HORSE WEAR CORP		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P06000096329		
(Document Number of Corpora	ation (if known)	
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	lowing
. If amending name, enter the new name of the corporati	ion:	
		ie new
ime must be distinguishable and contain the word "corporat Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "	'Inc."
Enter new principal office address, if applicable:	8234 NW South River Dr.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Medley Fl. 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8234 NW South River Dr.	
	Medley Fl. 33166	
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		
Name of New Registered Agent:	<u> </u>	
ew Registered Office Address:	(Florida street address)	
ew Registered Office Huaress.	A	<u> </u>
(City)	, Florida	<u>S</u> 18
(Cuy)	(2ip Code) <u>ir</u> 18	[] (m 당 조
ew Registered Agent's Signature, if changing Registered nereby accept the appointment as registered agent. I am fan		設置

Page 1 of 4

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>⊇</u>		<u>Addres</u> s	
1) Change Add X Remove	<u>VP</u>	<u>Davi</u>	d Saa		8234 NW South River Dr. Medley Fl. 33166	
2) Change Add Remove						
3) Change Add Remove	· · · · · · · · · · · · · · · · · · ·					
4) Change Add Remove						
5) Change Add Remove						
6) Change Add Remove		<u> </u>				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article VII: Name, Tittle, and Mailing Address of Officer Directors of
this Corporation is amended as follows :
Name : Irma Lindo de Marron
Tittle: P, VP, R-A, T
Mailing Address : 4297 NW 2nd Street Miami FL, 33126
Shares : 100%

The	date of each amendment(s) adoption: December 26, 2011
Effe	December 26, 2011
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated December 26, 2011
	Signature Plinds doller
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Irma Lindo de Marron
	(Typed or printed name of person signing)
	President
	(Title of person signing)