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## **COVER LETTER**

TO: Amendment Section Division of Corporations

•			
NAME OF CORPORATION: SUITCAS	ES OF DRI	EAMS, INC	
DOCUMENT NUMBER: N13000001			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
MARSHA FIELDS			
	(Name of Contact Persor	1)	
<b>DUVAL FIELDS CONSU</b>	LTING, LLO		
	(Firm/ Company)		
428 WALNUT STREET			
	(Address)		
GREEN COVE SPRING	S, FL 32043	3	
	(City/ State and Zip Code	e)	
MARSHAFIELDS@DUVALFIELDS.COM  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	•	ionineasion)	
		260 4060	
MARSHA FIELDS	<sub>at (</sub> 904	269-1069  Dede & Daytime Telephone Number)	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made page	yable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

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## Articles of Amendment Articles of Incorporation of

	to	2.
	Articles of Incorporation of	120
SUITCASES OF DREAMS,	INC.	May the time of
(Name of Corporation as currently filed	d with the Florida Dept. of State)	-
N13000001382		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Immendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the w "Company" or "Co." may not be used in the ne		The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if appl Principal office address MUST BE A STREE		
Timesput Office address MOST BL ASTREES	I ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
		<del>.</del>
D. If amending the registered agent and/or renew registered agent and/or the new regis		ter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agents.		e obligations of the position.
_		
Sigi	nature of New Registered Agent, if chan	ging

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jor Sally Sm	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add			•	
Remove				
2) Change		_	<del> </del>	
Add				
Remove				
3) Change		<u> </u>		- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change				
Add			·	
Remove				*****
Cherry				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

## ARTICLE VIII - DISSOLUTION CLAUSE

The date	The date of each amendment(s) adoption: IVIAY 14, 2014 date this document was signed.			
Effective date if applicable:  (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 May 14, 2014 Signature Comple Complete			
	(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)	_		
	Pamela Davis			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			