**Division of Corporations** 

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То			
	Division of Corporations		
	Fax Number : (850)617-63	380	=
Fr	om :	<i>,</i>	50
	Account Name : CORP USA		007
	Account Number : 07245000325	55	
	Phone : (305)634-36		· 5
	Fax Number : (305)633-96	696	PH -
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## COVER LETTER

TO: Amendment Section Division of Corporations

MANNYS FORMAL WEAR INC. NAME OF CORPORATION: DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS R. RAMOS				
Name of Contact Person				
MANNYS FORMAL WEAR				
8450 SW & TH STREET				
Address MIAHI FLORILA 33143				
City/ State and Zip Code				

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS R. RAMOS Name of Contact Person

786 253 44 st í

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy (s enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassea, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

		Articles of Am		HIVOOX	Jacob
		to			
		Articles of Inco of	rporstion		
	MANNUS	FORMALL	Near Inia	<u> </u>	
			filed with the Florida	Dept. of State)	
		494573			
	ср	ocument Number of	Corporation (if known)		2
Pursuant to the pro its Articles of Inoc	ovisions of section 607,1006, Fl propration:	orida Statutes, this F	lorida Prafil Corporad	<i>ion</i> adopts the following	amenterio
A. <u>If amending p</u>	name, enter the new name of th	he corporation:			
	N/A				The new
"Corp.," "Inc.,"	stinguishable and contain the or Co.," or the designation "C " "professional association," or	Corp,""Inc," or "C	la", A professional c	corporated" or the ab provincial name must c	breviation on on the second
B. <u>Enter new pri</u> (Principal office c	incipal office address, if applic address <u>MUST BE A STREET</u>	a <u>ble:</u> ADDRESS (		R. RAMOS	seT
			MIAHI	FLA. 3314	3
	<u>xiling address, if applicable:</u> ess <u>MAY BE A POST OFFICE</u>	<u>5 BOX</u> )		· <u></u> · ·································	
D. <u>If amonding t</u>	he registered agent and/or reg	distered office addre	ess in Florida, enter th	е лаmo of the	
new registere	d agent and/or the new registe	red office address:	•		
Name of	New Registered Agent	·	··		
			····		
		(Florida stree	et address)		
<u>New Reg</u> i	istered Office Address:	(i	City)	, Florida Zip C	iode)
New Registered A I hereby accept the	Agent's Signatury, if changing e appointment as registered age	Registered Agent: mt. I am familiar wi	ith and accept the oblig	ations of the position.	
		-		• •	

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If smending 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 Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) Romiro A. Areces 8450 SW 8th st Ploist 1) \_ Change 11ami, FL 33144 \_\_ Add Remove PITINDS 10 Carlos R. Ramos 8450 Sw 8th st 2) \_\_\_\_ Change MICIMI, FL 33143 🔨 Add \_\_\_\_ Remove 3) \_\_\_\_ Change Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_ Add \_Reniove 6) \_\_\_\_ Change \_\_ Add \_ Remove

## E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NA F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) A ア

Page 3 of 4

The date of each amendme date this document was sign		, if other than the
date this document was sign	ica.	
Effective date if annlicable		
	(no more than 90 days after amendment file	dale)
	in this block does not meet the applicable statutory filing require a the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s	s) ( <u>CHECKONE</u> )	
The amendment(s) was/v by the shareholders was	were adopted by the shareholders. The number of votes cast for the /were sufficient for approval.	e amendment(s)
	were approved by the shareholders through voting groups. The fol- ided for each voting group entitled to vote separately on the amen	
"The number of vo	tes cast for the amendment(s) was/ware sufficient for approval	
by	(voting group)	
	(voring group)	
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action a	and shareholder
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and s	hareholder
Dated	10/15/14 Jun 1.L	
Signature	Am 1.L	
	(By a director, president or other officer – if directors or officers l selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	REG	AqeNT
	(Title of person signing)	

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