

NO6000011519

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07 JUN -7 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

N.C.
C. Goulette JUN 07 2007

Charter Number Only

616101 Deliana

Gabriel DeJarden CPA

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Deboras International, Inc

N06000011519

☐ Profit

☐ NonProfit

☒ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

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DEBORAS INTERNATIONAL, INC.

N06000011519

APPROVED
AND
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07 JUN -7 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

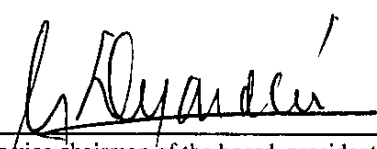
The date of adoption of the amendment(s) was: _____

Effective date if applicable: 06-06-07 
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____


(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.)

Gabriel Dejarden

(Typed or printed name of person signing)

Treasurer/ Director

(Title of person signing)

FILING FEE: \$35