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TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Phine Phit Phashion Inc (AKADEMY DOCUMENT NUMBER: N/ 1000000270 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TRACIC LAWSON Phine Phit Phashion Academy, Inc 2423 E. OKARA Rd TAMPA FL, 33612 TRACCE: Lawsone yahou. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TRACEE LAWSON at (727) 643,5620 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

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Phine Phit Phashion Acro (Name of Corporation as currently filed with t	he Florita Dent. of State)
N1100000027()	ne r torium pepti or piute
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>"</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:	
<u> </u>	<u>/n'</u>

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

C.

D.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Florida_ (Zip Code)

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>	Name . / /	Address	Type of Action
	<i>N/A</i>	<u> </u>	
	1.0		
	MA		
	NA		
			Add Remove
			•
E. If amen	ding or adding additional Articles	. enter change(s) here:	
(attach a	dditional sheets, if necessary). (B	e specific)	
ATTA	CHED IS AN	AMENDMENT O	F ARticles
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		9/22/2011	
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Phine Phit Academy Inc 80-0673448

Additional Information Requested:

1. Please read the Penalties of Perjury statement on page 1 above. Then, please sign and date below, indicating you agree to the Declaration.

ACCO Dawok 9/22/2011

Bate

- 2. Please ensure to amend your Articles of Incorporation to include the required 501(c)(3) provisions listed below:
 - a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
 - b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Please submit a date stamped filed copy that shows proof of filing with the Secretary of State.

- 3. Please submit a detailed description of your activities and how much time and funds (percentage) is allocated for each activity. Please ensure to include who, what, when, where and how each activities is conducted. Please explain if the workshops is the only activity.
- 4. Upon review of the website, www.ph3academy.org, it appear that your organization is using this website to advertise for for-profit companies. This advertising could lead to private benefit/inurnment to these for-profit companies. Please remove the for-profit advertisement and links to prevent private benefit/inurnment. If you do not remove this from your website, please explain how private benefit/inurnment is not possible.
- 5. Page 2 of the Form 1023, requires list of officers/directors. Please provide a list of officer/directors, their addresses and any estimated

The date of each amendment(s) adoption: Que Em DER 22, 2011
(date of adoption is required) Effective date if applicable:
(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(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.
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)
Tracee LAWSON (Typed or printed name of person signing)
CEO Chief EXECUTIVE OFFICER (Title of person signing)

Page 3 of 3