## N1300000 3984

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PICK-UP WAIT MAIL
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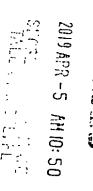




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R. WHITE APR 1 3 2019



## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ALLURING 46HT + 14/1NC. DOCUMENT NUMBER: N1300002984 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) 5006 N. TRavelers Halm Lane For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Street Address Mailing Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation

-	-	F223 F23
1	٠ ٧٤	

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the c	orporation:	
	NH	The new
name must be distinguishable and contain the word '"Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox) NA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:	ered office address in Florida, enter the name of the doffice address:	
<u>New Registered Office Address</u> :	5006 N. TVOVELETS FORM LO	ane
-	TAMOYOC Florida (Zip Co	33319 de)
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the po.	sition.
<u> </u>	Cice Potest  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,

Example:  X Change X Remove X Add	$\overline{\underline{\mathbf{v}}}$	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	1	TELICIA POTENT	5006N.TRavelers Palmlane Tamarac. Fl 33319
2) Change Add	5	CciSonya Des Vignes	2210 Taylor ST Holywood, Fl 33020
Remove 3) Change Add	<u>S</u> _	CHUTTIA R. CHEEKS	722 Sw Trr street POMPANOFI 33060
Remove 4)		CHerellola T. M'Kenzic	1107NW 41Street Terroice
Remove Change Add	VP_	Rosalyn A. Jackson	Caudernill.F133313  Clay NW21St Manue  Sun Rise F133322
Remove 6) Change Add			
Remove		Page 2 of 4	

If amending or adding (attach additional sheets.	if necessary). (Be	specific)			
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	e date of each amendment(s) adoption: e this document was signed.	if other than
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will terment's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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 March 30, 2019 Signature Alcia Potent	
	(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)	
	TELICIA POTEAT  (Typed or printed name of person signing)	

than the