NIH000008755

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L.		

Office Use Only

· 12.



100265719911

10/24/14--01015--002 **43.75



(PPM 11-5-14

COVER LETTER

Division of Corporations Alfies Clothing, Inc. NAME OF CORPORATION: N14000008755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katie Randich (Name of Contact Person) Alfies Clothing, Inc. (Firm/ Company)

3096 Aaron Cove Court

(Address)

Jacksonville, FL 32224

(City/ State and Zip Code)

alfieministries@gmail.com

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

For further information concerning this matter, please call:

Katie Randich

TO: Amendment Section

(Name of Contact Person)

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

□ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & Certificate of Status

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Alfles Clothing, Inc.	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
N14000008755	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
alfies clothing Inc	The new
name must be distinguishable and contain the word "corporati	
"Company" or "Co." may not be used in the name.	n - 0 0 0 0 1
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3096 Haron Cove Ct. Jacksonville FL 32224
C. Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
	-
	7
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent: Katie X	andich
3096 Apron	Cove Ct.
New Registered Office Address:	Florida street address)
Tank son	we sasay
City)	Florida \(\forall \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \) \(\forall \(\forall \) \(\forall \) \(\forall \) \(\forall \) \(\forall \(\forall \)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am fam Signature of New Register	Agent: niliar with and accept the obligations of the position.

Page 1 of 4

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	PT John D V Mike J SV Sally S	ones	TARREST ST.
Type of Action (Check One)	<u>Title</u>	Name	3096 Havon Covert.
1) Change	D	Anthony Randich .	3096 Haron Govert. Jocksonville, Fl 32224
Remove			
2) Change	<u>DS</u>	Peter Yomas:	10151 Deerwood Park Blod Building 200, Suite 250
Remove 3)ChangeAdd	$\overline{\mathcal{D}}$	Edward Barker.	Jacksonville, FC 32256 14286 Beach Blod. Suite 18
Remove A) Change Add	<u>T</u>	Daniel Gilham	Jacksonville, FL 32250 14186 Hampton Falls Dr. N Jacksonville, FL
Remove 5) Change Add Remove	D	hatie Houser.	3096 Aavon Cove Ct. Jacksonville, Fl 3224
6) Change Add	7	Hothe Randich	3096 Aaron Cove Ct. Jacksonville, FL
Remove		Page 2 of 4	

(f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)		4 OCT 24 PH 4: 04
ticle IX- Additional Provisions	:	2
		- True 3
		_
		
		
		
		
		
		
	<u> </u>	<u></u>
		
<u> </u>		
		_

The	date of each amendment(s) ad	option: 10/20/2014			
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Ada	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)			
	There are no members or memb	ters entitled to vote on the amendment(s). The amendment(s) was/were rs.			
	Dated 10 2	man or vice chairman of the board, president or other officer-if directors			
		en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
	Katie Rand	lich			
	President	(Typed or printed name of person signing) Loundex (Title of person signing)	TALL ARASSET FLORID	14 OCT 24 PM 4: 05	T