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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SHADEZ OF F<br>NAME OF CORPORATION:  | HUE, INC.   |
|--|---|
| N16000002149 <b>DOCUMENT NUMBER:</b>   |   |
| The enclosed Articles of Amendment and fee are   |   |
| Please return all correspondence concerning this   | -   |
| ADELINE ROBERTS-MORGAN   |   |
|  | (Name of Contact Person)  |
| OPULENT MANAGEMENT GROUP   |   |
|  | (Firm/ Company)   |
| 4000 N STATE RD 7  | ,   |
| A Marine of the control of the contr | (Address)   |
| LAUDERDALE LAKES FL 33319  |   |
|  | (City/ State and Zip Code)  |
| INFO@OPULENTMANAGEMENTGROUP.CO   | ОМ  |
| E-mail address: (to be   | used for future annual report notification)   |
| For further information concerning this matter, pl   | ease call:  |
| ADELINE ROBERTS-MORGAN   | 954-629-2973<br>at  |
| . (Name of Contact Pe  |   |
| Enclosed is a check for the following amount made  | de payable to the Florida Department of State:  |
| \$35 Filing Fee  \$35 Filing Fee  Certificate of Sta   | te & \$\subseteq \\$43.75 \text{ Filing Fee} & \$\subseteq \\$52.50 \text{ Filing Fee} \\ Certified Copy & Certificate of Status \\ (Additional copy is \\ enclosed) & (Additional Copy is \\ Enclosed) |
| Mailing Address  | Street Address  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



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| rently filed with the Flo              | rida Dept. of State) 5 5 6 6 5 5   |
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|  | TAL Medicina Control Control   |
| amber of Corporation (if k             | tnown)   |
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| itules, this <i>Florida Not Fe</i>     | or Profit Corporation adopts the following   |
| ration:                                |  |
|  | The new  |
| oration" or "incorporate               | d" or the abbreviation "Corp." or "Inc."   |
| N/A                                    |  |
| <u>SS</u> )                            |  |
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| <b>X1/A</b>                            |  |
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| ce address:                            |  |
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| (City)                                 | , Florida<br>(Zip Code)  |
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|  |  |
| Signature of New Regis                 | tered Agent, if changing   |
|  | ntutes, this Florida Not Fearation:  Oration" or "incorporate N/A  N/A  N/A  N/A  Office address in Florida ce address:  (F  (City)  red Agent: I familiar with and accept |

## 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<br>V<br>SV | John Doe<br>Mike Jones<br>Sally Smith |           |                                       |                 |
|----------------------------------|---------------|---------------------------------------|-----------|---------------------------------------|-----------------|
| Type of Action<br>(Check One)    | <u>Title</u>  | <u>Na</u>                             | <u>me</u> |                                       | <u>Addres</u> s |
| 1) Change                        |               |                                       | ٨         |                                       |                 |
| Add                              |               |                                       |           |                                       | <del> </del>    |
| Remove                           |               |                                       |           |                                       |                 |
| 2) Change                        |               |                                       |           |                                       |                 |
| Add                              |               |                                       |           |                                       | <del></del>     |
| Remove                           |               |                                       |           |                                       |                 |
| 3 ) Change                       |               |                                       |           | · · · · · · · · · · · · · · · · · · · | ·               |
| Add                              |               |                                       |           | ,                                     |                 |
| Remove                           |               |                                       |           |                                       |                 |
| 4) Change                        |               |                                       |           |                                       |                 |
| Add                              |               |                                       |           |                                       |                 |
| Remove                           |               |                                       |           |                                       |                 |
| 5) Change                        |               |                                       |           |                                       |                 |
| Add                              |               | <del>-</del>                          |           |                                       |                 |
| Remove                           |               |                                       |           |                                       |                 |
|                                  |               |                                       |           |                                       |                 |
| 6) Change                        |               |                                       |           |                                       |                 |
| Add                              |               |                                       |           |                                       |                 |
| Remove                           |               |                                       |           |                                       |                 |

| (attach additional sheets, if necessary). (Be specific)   |
|---|
| ARTICLE III - PURPOSE (change)  |
| Shadez of Hue, Inc. is organized and operated exclusively for charitable, religious, literary, cultural, social and         |
| educational purposes; including for such purposes, the making of contributions to organizations that qualify as exempt      |
| organizations described under Section 501(c)3 of the Internal Revenue Code.   |
|   |
| ARTICLE IX - DISSOULUTION (addition)  |
| Upon dissolution of Shadez of Hue, Inc. assets shall be distributed for one or more exempt purposes within the meaning of   |
| Section 501(c)3 of the Internal Revenue Code, to a not for profit corporation, trust or foundation that has established its |
| tax exempt purpose and status under Section 501(c)3 of the Internal Revenue Code.   |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of each amendment(s) ac  | loption:  | , if other than t         |
|---|---|---------------------------|
| date this document was signed.  |   |                           |
| Effective date if applicable:   | 10 more than 90 days after amendment file dates   |                           |
|   | • • • •   |                           |
| Note: If the date inserted in this blo<br>document's effective date on the De | pek does not meet the applicable statutory filing requirements, this date partment of State's records.  | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                           |
| The amendment(s) was/were a was/were sufficient for approv                    | dopted by the members and the number of votes east for the amendmen at.   | u(s)                      |
| There are no members or men adopted by the board of direct                    | thers entitled to vote on the amendment(s). The amendment(s) was/wereors.   | e                         |
| Dated   | 108/2016  |                           |
| Signature (   | DD. Joses   |                           |
| ·   | irman or vice chairman of the board, president of other officer-if directed<br>cen selected, by an incorporator — if in the hands of a receiver, trustee, c |                           |
|   | appointed fiduciary by that fiduciary)  |                           |
|   | April D. Tones  |                           |
| ,   | (Typed or printed name of person signing)   |                           |
| Ĥ   | ounder/CED_   | _                         |
| en ge magterdark i  | (Title of person signing)   |                           |