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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	<u>st.</u>	Augustin	e Fa	shion	Week	_Corp
NAME OF CORPORATION: DOCUMENT NUMBER:		NIC	0000	0069	156	·
The enclosed Articles of Amendment						
Please return all correspondence conc	erning this matt	ter to the following:				
Brittan	Alpha	(Name of Contact Persor	n)			
St. Augu	stine	Fashion W (Firm/Company)	leek Co	orp.		_
2112 R	ee-f	Drive §	声,赛			
		(Address)				
St. Aug	ustine	FL . 3	2080			
			-			
St	-afw	2016 @	gma	il . co	m	
E-mail add	lress: (to be use	d for future annual report r	notification)			_
For further information concerning the	is matter, please	call:				
Brittany	Alpho	msoat_(904)	669-	9245	5
(Name of	f Contact Person	n) (Ar	ea Code) (D	aytime Telepho	one Number)	
Enclosed is a check for the following	amount made p	ayable to the Florida Depa	rtment of State	: :		
\$35 Filing Fee \$43.7 Certif	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate Certified ((Additional Enclosed)	of Status Copy al Copy is		

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

Article	s of Incorporation of		
St. Augustine F	Fashian We	ek Corp	
(Name of Corporation as curren			
NIC	00000 695		
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute	es, this <i>Florida Not For Proj</i>	it Corporation adopts	the following
amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporat	ion:		
	N/A		The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or t	he abbreviation "Corp	
"Company" or "Co." may not be used in the name.			چے
B. Enter new principal office address, if applicable:	-N/A		<u>。 </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ć.	温 第 工
			100 S
			100 m. C
C. Enter new mailing address, if applicable:			TO 2.
(Mailing address MAY BE A POST OFFICE BOX)	-N/A		<u> </u>
	1		
			<u></u>
			
D. If amending the registered agent and/or registered offi	ce address in Florida, enter	the name of the	
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent:	NIA		
	(Florida s	reet address)	
New Registered Office Address:	NIA		
	17 / / /	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa		oligations of the position	on.
	n 1		
	IV JA	†	
S	ignature of New Registered	lgent, if changing	

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	<u>ones</u>	officers.
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add		•	
Remove			
2) Change		N/A	
Add		1	
Remove		11/1	
3) Change		NA	
Add		1	
Remove		l .	<u> </u>
4) Change		NA	
Add		'	
Remove		1 .	
5) Change		N/A	
Add			
Remove		,),	······································
6) Change		NA	
Add			
Remove		•	

(attach	additiona	l sheets, if neo	cessary). ((Be specific)					
wish	<u>es</u>	to	amer	tine nd our Di	<u> </u>	rticles	Week of I lause	corpo	oration
. 1	his	Amen	dnent	is Fashla	1 0	File	Disoli corp.	m'iti	Claus-
St. be	'Augu don	stire	St. Fas	August	ine Jæk	Fashio Corp.	disolution Wæk funds non-s	corp.	··········
11 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 									

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) add date this document was signed.	option:	0 - 201		, if other than the
Effective date if applicable:	(no more than 90 days aft	8 - 201	ι	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable s	_	·	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		¥	
The amendment(s) was/were adwas/were sufficient for approval		umber of votes cast for	or the amendment(s)	
There are no members or membadopted by the board of director		lment(s). The amend		
Dated	2-8-2017	_ /	`	
Signature	Lather		John	
have not bee	nan or vice chairman of the boan n selected, by an incorporator — ppointed fiduciary by that fiduci	if in the hands of a re	officer-if directors eceiver, trustee, or	
	Bri Hany (Typed or printed	Alphon	50	
	(1 ypea or printed	name of person sign	ing)	
	President			
	(Title	of person signing)		