N 1700003407

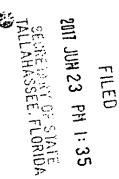
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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C. GOLDEN

JUL -3 2017

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: JUNIO EEES CREATUR CUSTOMS
DOCUMENT NUMBER: N17600003407
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Auntil Cell'S Creative Custon S (Firm/Company) 1.40 AT
1990 BAJNEACOUS 1447
JACKSONVILLE FL 32256 (City/ State and Zip Code)
9900 1953 (it befused for future annual report notification)
For further information concerning this matter, please call:
LAHSHA ()// at 904-214-9236 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) Certified Copy (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

0

Articles of Incorporation

of

FILED

AUNTIE GEE'S CREATIVE CUSTOMS, INC.

2017 JUN 23 PM 1:35

(Name of Corporation as currently filed with the Florid	da Dept. of State)
N110000 3407	LLAHASSEE, FLORIDA
(Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For</i> amendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" "Company" or "Co." may not be used in the name.	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	MA
D. If amending the registered agent and/or registered office address in Florida,	enter the name of the
Name of New Registered Agent:	Gill
•	DACIMRACICUS ICO
New Registered Office Address: THUKSON UT	1/1e , Florida 32256
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept	the obligations of the position. tered 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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change	<u> </u>	
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6)Change		
Add		
Remove		

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
· .	
	,

The date of each amendment(s) ad	option:	, it other than th
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s))
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated	120/2017	
Signature	Tempor / ll/	
have not be	man or vice charman of the board, provident or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Georgia Gill	
	(Typed or printed name of person signing)	
	Director	

(Title of person signing)