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AUG 2 1 2017

S. YOUNG

## **COVER LETTER**

TO: Amendment Section . Division of Corporations

NAME OF CORPORATION	Belmont Heights Dyr	namic Dolls, Inc.		
	N17000007768			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde				
r rease return air corresponde	ince concerning and matter	to the following.		
Katrina House				
	1	(Name of Contact Perso	on)	
Belmont Heights Dynamic I	Dolls, Inc.			
		(Firm/ Company)		<del></del>
P.O. Box 172595				
		(Address)		
Tampa, FL 33672				
		(City/ State and Zip Co	de)	
mrshouse92@icloud.com				
Е	-mail address: (to be used	for future annual repor	t notification	)
For further information conc	erning this matter, please of	call:		
Katrina House		at	13	650-1182
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida Dep	partment of	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy is used)
Mailing A Amendme Division o	nt Section f Corporations	Amer Divis	t Address adment Section of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Belmont Heights Dynamic Dolls, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000007768 (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 corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A 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. 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:

 $\dot{P}$  = 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	MARJORIE L. BROWN	2813 75TH ST
Add			TAMPA, FL 33619
X Remove			
2) Change	D	ALEJANDRO HOUSE, SR.	2617 72ND sTREET
X Add			TAMPA, FL 33619
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
(Change			
6) Change		•	
Add			
Remove			

L. If amending or adding additional Ar (attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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	8///1/	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		<del></del>
8/7/1	17	
Effective date <u>if applicable</u> :		
effective date in applicable:	(no more than 90 days after amendment file date)	
	(no more man 70 days after amenament file date)	
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this date wi	Il not be listed as the
locument's effective date on the Dep		
decument's effective date on the Be	partition of State 3 records.	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
taoption of Amenament(s)	(Cinck Divi)	
☐ The amendment(s) was/were ad	lopted by the members and the number of votes cast for the amendment(s	1
was/were sufficient for approva		<b>,</b>
was/were sufficient for approva	d.	
	pers entitled to vote on the amendment(s). The amendment(s) was/were	
adopted by the board of directo	PS.	
8/7/17		
Dated		
Signature		<del></del>
	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	
other court a	appointed fiduciary by that fiduciary)	
KATRIN	NA HOUSE	
	(Typed or printed name of person signing)	
	·	
PRESID	ENT, DIRECTOR	
<del></del>		
	(Title of person signing)	