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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	.•			•
NAME OF CORPORATION	Building A Better Mo			
	17000008753			
The enclosed Articles of Amer	adment and fee are subr	nitted for filing.		
Please return all corresponden	ce concerning this matte	er to the following:		
Rena Day				
	-	(Name of Contact Person)	<u> </u>
		(Firm/ Company)		
91 Fir Drive				
		(Address)		
Ocala Florida 34472				
-		(City/ State and Zip Code	2)	
iamrenaday@gmail.com				
E-1	nail address: (to be used	For future annual report	notification)	
For further information conce	rning this matter, please	call:		
Rena Day			5-495-6649	
()	Name of Contact Person) (Ar	ea Code) (Daytime Te	elephone Number)
Enclosed is a check for the fo	llowing amount made pa	ayable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Building A Better Me INC			
Name of Corporation as currently filed with the Florida D	lept. of State)		
Building A Better Me INC			
(Document Number	er of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corporati	ion:		
Out the Pink Closet Plus Size Thrifty Boutique Inc.			The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated	d" or the abbreviation "Corp." or	· "Inc."
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	<u> </u>	υ. _{5 1} (1)	202
			I AUG
2. Enter new mailing address, if applicable:			ਨ -
(Mailing address MAY BE A POST OFFICE BOX)			-Fo i
			AT :
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			12
D. If amending the registered agent and/or registered offi-	<u>ce address in Florida</u>	, enter the name of the	
new registered agent and/or the new registered office a	<u>ddress:</u>		
Name of New Registered Agent:			
	(F	lorida street address)	
<u>New Registered Office Address:</u>			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa	miliar with and accep	t the obligations of the position.	
	ianature of New Regis	vered Agent, if changing	

If amending the Officers and/or Dir	ectors, 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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s -
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
Out The Pink Closet Plus	s Size Thrifty Bou	utique mission is to donate Pinktabulous Care	Packages to women who are undergo
chemotherapy for Breast			

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The date of each amendment(s) adoption:	07/29/2021			<u></u>		<u> </u>	, if other than the
date this document was signed.		_					
Effective date if applicable:	no more than 9	· ·		(2) . 1		<u></u>	_
Note: If the date inserted in this block does	not meet the a	pplicable	statutory fi	ling require	ments, this d	ate will not b	e listed as the
document's effective date on the Departmen	t of State's rec	ords.		Ç			
Adoption of Amendment(s) (CHECK ON	<u>E</u>)					

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated 07/29/2021
Signature (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rena Day
(Typed or printed name of person signing)

(Title of person signing)