## N20 00000 1944

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	One Gift Celebration ON:	n Inc. 				
	N20000001944					
DOCUMENT NUMBER:						-
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.				
Please return all correspond	ence concerning this matt	er to the following:				
Emily Haslett						
		(Name of Contact	Person)			_
One Gift Celebration Inc.						
···		(Firm/ Compa	ny)			_
7901 4th St N, STE 4000						
<del></del>		(Address)				_
St. Petersburg , FL 33702						
		(City/ State and Zi	p Code)			
onegiftcelebration@gmail.c	com					
1	E-mail address: (to be used	for future annual r	eport notif	ication		_
For further information con	cerning this matter, please	e call:				
Emily Haslett		:	308 at		737-8819	
	(Name of Contact Persor				(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida	a Departme	ent of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	/ is	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing /	Address	S	itreet Add	ress		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

One Gift Celebration Inc.		
(Name of Corporation as currently filed with the	Florida Dept. of State)	
N20000001944		
(Docume	nt Number of Corporation (if known	own)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For</i>	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 "Company" or "Co." may not be used in the name.	'corporation" or "incorporated'	" or the abbreviation "Corp." or "Inc."
	7901 4th St N, STE 30	X)
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		702
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX) 7901 4th St N, Ste 300	)
	St. Petersburg , FL 337	702
	-	
D. If amending the registered agent and/or register	ered office address in Florida	enter the name of the
new registered agent and/or the new registered		the name of the
Name of New Registered Agent:	Registered Agents Inc.	
7	7901 4th St N, STE 300	
	(Flo	rida street address)
	St. Petersburg	121 anish 33702
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		he obligations of the position.
	R-01	H
	Signature of New Registe	red 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 Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	P	Emily Haslett	11709 Trumble Loup W Bellevue, NE 68123
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	icles, enter change(s) here: (Be specific)	
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		<del> </del>	
		· · · · · · · · · · · · · · · · · · ·	

document's effective date on the L  Adoption of Amendment(s)	(CHECK ONE)	
	lock does not meet the applicable statutory filing requirement	ts, this date will not be listed as the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
date this document was signed.	adoption: October 27, 2020	, if other than the
	Outsbur 27, 2020	
	<del></del>	
	•	

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	October 27, 2020
Signatur	(By the chairmand 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)
	Emily Haslett
	(Typed or printed name of person signing)