## N210000000812

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## COVER LETTER

TO: Amendment Section Division of Corporations			·
	WENNEZ ZENTAZET	(b.170)	5.º
NAME OF CORPORATION:	WEDDING GEMACH, I	INC.	<del></del>
DOCUMENT NUMBER: N21000000812			
The enclosed Articles of Amendment and fee are subm	nitted for filing,		
Please return all correspondence concerning this matte	r to the following:		
Judah Mandel, Esq.			
	(Name of Contact Persor	1)	
Law Mandel PLLC			
	(Firm/ Company)		
1401 Brickell Ave., Suite 320			
	(Address)	-	
Miami, FL 33131			
	(City/ State and Zip Code	:)	
judah@ławmandel.com			
E-mail address: (to be used	for future annual report i	otificatio	n)
For further information concerning this matter, please	call;		
Artem Nekrasov, Judah Mandel	305 at	;	900-5996
(Name of Contact Person)	(Ar	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	irtment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fea & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of FH ED

2021 JUN -7 PH 3: 08

	***	*****
LIBA GABRIELLA WEDDING GEMACH, INC.		SECRETARY OF THE
Name of Corporation as currently filed with the Florid	a Dept. of State)	FALL APAINELS IN
N21000000812		
(Document Nur	mber of Corporation (if )	(nown)
Pursuant to the provisions of section 617,1006, Florida Statamendment(s) to its Articles of Incorporation:	autes, this <i>Florida Not F</i>	or Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpor	r <u>ation:</u>	
LEEBA GABRIELLA WEDDING GEMACH, INC.		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	ration" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	<del></del>	,
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the
NI/A		
Name of New Registered Agent: NITA		
		Forida spect address)
New Registered Office Address:	G	avida siren dauresti
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
Thereby accept the appointment as registered agent. I am		t the obligations of the position.
N/A		

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:

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)	Title	<u>Name</u>	Address
1) N/A Change	_N/A	N/A	N/A
Remove			
2) Change Add		<del></del>	
Remove 3 ) Remove Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	-		
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
	<del></del>		

Sign Envélope ID: 6BA34A10-DC70	-4EA0-A507-6DB076558E1E	
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The day of college are selected at the	at advation.	14°
The date of each amendment (date this document was signed.	s) adoption:	, ii other than
	May 24, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

DoccSign Envelope ID: 6BA34A10-DC70-4EA0-A507-6DB076558E1E

	5/26/2021
Dated	
Signature	Michelle Marcus
(By the have n	chairman of vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Michelle Marcus
	(Typed or printed name of person signing)
	Michelle Marcus

(Title of person signing)