N21000005046

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
N21000005046 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
LOVETTE DOBSON	
(N	me of Contact Person)
INCFILE.COM LLC	
	(Firm/ Company)
17350 STATE HWY 249 STE 220	
	(Address)
HOUSTON, TX 77064	
(Ci	y/ State and Zip Code)
EFILE1234@INCFILE.COM	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please cal	:
LOVETTE DOBSON	888 462-3453 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
	ertified Copy Additional copy is Certified Copy (Additional Copy is Enclosed) 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. Monroc Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOUNDSTOOTH COTTAGE INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
	N21000005046	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "	The new Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:	ed office address in Florida, enter the name of the office address:	
New Registered Office Address:	(Florida street address)	
	, Florida, Zip Co	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent:	·
	Signature of New Registered Agent, if changing	2021 30
		FR .

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	JESSIE ASKINAZI	4655 NW 2ND AVE APT A DELRAY BEACH, FL 33445
× 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 adding (attach additional sheet)	addition s, if neces	nal Articles, enter change(s) here: sary). (Be specific)	
			

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The date of each amendment(s) adopt	ion:	26 4 4
date this document was signed.	ion:	_, if other than the
was an a second of the brightness		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Depart	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	

Dated	June 15, 2021
Signatur	(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) Joseph Kapel
	(Typed or printed name of person signing)
	President/Director

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.