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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

name of corporation: MARIA'S (  document number: PO10000	CONSIGNING WOMAN, INC. 087503			
The enclosed Articles of Amendment and fee are submit	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
MARIA	A. T. SCHUTT Jame of Contact Person			
	Firm/ Company  ELLIOTT STREET  Address  GORDA, FL 33950  City/ State and Zip Code  GORDAST, NET  or future annual report notification)			
For further information concerning this matter, please call:				
MARIA T. SCHUTT Name of Contact Person	at ( 941 ) 457 -1172  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
* Certificate of Status (	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

MARIA'S CONSIGNS	ING WOMAN, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
PO 0000	18115 <i>0</i> 13	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following a	.mendment(s) to
A. If amending name, enter the new name of the corporation:		
MARIA'S GARD	en, Ivc.	ho new
name must be distinguishable and contain the word "corporation," "ce" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation	"Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<del></del>
		가 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maning dates) MAT DE ATOST OF FICE DIA	·	<del>\</del> :-
		<u> </u>
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	- -
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	Cuyy (Zip Coa	<del>lej</del>
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	e), F.S.	

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 = ChiefExecutive 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change	<u> </u>		
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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E. If amending or adding additional Articles, enter change(s) here:			
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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I If an amandment manifest for an analysis and anti-			
F. If an amendment provides for an exchange, reclassification, or cancellation of is provisions for implementing the amendment if not contained in the amendment	ssucu snares,		
(if not applicable, indicate N/A)	it itsen.		
(y nor appreame, material room)			
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		<del>_</del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
Signature  (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)  PROCED RANT	<u>-</u>
(Title of person signing)	