

P02000036751

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000283102 3)))



H060002831023ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : FERNANDO JIMENO  
Account Number : 074553003252  
Phone : (305) 826-1711  
Fax Number : (305) 826-1738

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**FANTASY FASHION DRESS, CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

RECEIVED  
06 NOV 28 AM 8:00  
DIVISION OF CORPORATIONS

*Amend*

T. Roberts NOV 28 2006

H06000283102 3

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**FANTASY FASHION DRESS, CORP.**

(Name of corporation as currently filed with the Florida Dept. of State)

**P02000036751**

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**ARTICLE I - Its principle office and mailing address shall be located at 16847 N.W. 67 Ave Miami, FL 33015**

**ARTICLE V- The name and address of the Registered Agent of this Corporation is:**

**Otto Lopez**

**16847 N.W. 67 Ave Miami, FL 33015**

**ARTICLE VI- The name and address of the director of the corporation is as follows:**

**Otto Lopez (President, Secretary, Director)**

**16847 N.W. 67 Ave Miami, FL 33015**

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

**(N/A)**

(continued)

H06000283102 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 NOV 28 PM 3:31

FILED

The date of each amendment(s) adoption: 11/28/2006

Effective date if applicable: 11/28/2006

(no more than 90 days after amendment file date)

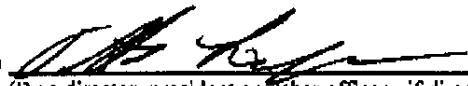
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Otto Lopez

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**