P050000042609

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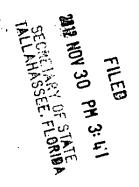


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Top Crafts	Inc.	
DOCUMENT NUMBER: P0500004260	9	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Luis O Rodriguez	<u>-</u>	
	Name of Contact Person	n
Top Crafts Inc.		
	Firm/ Company	
14619 SW 99 Str	eet	
	Address	
Miami Florida 33	186	
	City/ State and Zip Cod	e
topcrafts@att.net		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
Luis O Rodriguez	at (786	, 258 1437
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle



Articles of Amendment **Articles of Incorporation** of

FILEB

2812 NOV 30 PM 3: 41

Top Crafts Inc.

(Name of Corporation as currently filed with the Florida Dept. of State ECRE EARY OF STATE

ment(s) to

P05000042609		, i	2	
(Docume)	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corp</i> o	oration adopts the following ame	endm
A. If amending name, enter the new na	ame of the corporation:			
N/A			The	na
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professiona	"incorporated" or the abbrev	iatio
B. Enter new principal office address,	if annlicable	N/A		
(Principal office address <u>MUST BE A S</u>				
		 ::		
C. Enter new mailing address, if appl	icable:	N/A		
(Mailing address MAY BE A POST	OFFICE BOX	19/74		
D. 10 11 11 11 11 1				
D. If amending the registered agent an new registered agent and/or the new			r the name of the	
Name of New Registered Agent	N/A			
Name of New Registered Agent			 	
	(Florida	street address)		
	N/A	in cer auaressy	, Florida N/A	
New Registered Office Address:	(Cii	(y)	, Florida (Zip Code)	
	,	• •	• •	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the c	obligations of the position.	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	ST	Mayra Martinez	14619 SW 99 Street
Add			Miami Florida 33186
X Remove			
2) Change	V	Ariam S. Alonso	14619 SW 99 Street
Add			Miami Florida 33186
X Remove			
3) Change	·	_	
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
1		
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: November 15 ,2012
Effective date if applicable:	December 22 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Nove	ember 15, 2012
sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) (Typed or printed name of person signing)
	President
	(Title of person signing)