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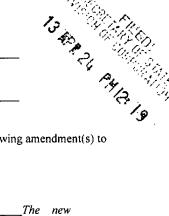
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PERFUME COLLECTION NO 3 INC. DOCUMENT NUMBER: P05000126051					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
AVRAHAM OINOUNOU					
		Name of Contact Person	1		
PERFUME COLLECTION NO 3 INC.					
		Firm/ Company	•		
300 MARY ESTHER BLVD. #97					
Address					
	MARY ESTHER I	FL. 32569			
		City/ State and Zip Code			
asi	rish@bellsouth.ne	et			
		ed for future annual report	notification)		
For further information concerning this matter, please call:					
avraham oinounou		at (561	, 308 7305		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & 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)		
Mai	Mailing Address Street Address		Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
1 211	aliassee, FL 32314		assee, FL 32301		

Articles of Amendment **Articles of Incorporation**

perfume collection no 3 inc.



(Name of Corporation as currently filed with the Florida Dept. of State) P05000126051

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the na me of the new registered agent and/or the new registered office address:
Name of New Registered Agent AVRAHAM OINOUNOU
19554 BLACK OLIVE LANE
(Florida street address)
New Registered Office Address: BOCA RATON , Florida 33498
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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.

X Change	PT Joh	n Doe		
X Remove	<u>V</u> <u>Mil</u>	ke Jones		
X Add	SV Sal	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PRES	SHLOMO COHEN	614 CAMBRIDGE AVE. NE	
Add			FT. WALTON	
X Remove			FL 32547	
2) Change	PRES	AVRAHAM OINOUNOU	19554 BLACK OLIVE LANE	
$\frac{\mathbf{X}}{\mathbf{X}}$ Add			BOCA RATON	
Remove			FL 33498	
3) Change				
Add				
Remove				
4) Change				
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
5) Change				
Add				
Remove				
6) Change	<u>. </u>			
Add				
Remove				

 If amending or adding additional Article (Attach additional sheets, if necessary). 	
	· · · · · · · · · · · · · · · · · · ·
	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
SHLOMO COHEN(CHAN	IGE- 100 SHARES TO 0 SHARES) 0%
AVRAHAM OINOUNOU(CI	HANGE- 0 SHARES TO 100 SHARES) 100 %
· ·	
	·

The date of each amendment(s) adoption: 1
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted 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)
(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.
Dated 4/22/13
Signature Ar RATIL O'nem
(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)
AVRAHAM OINOUNOU
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)