P060000 56061

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DIVISION DE PARTE. E



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: LILLY MCKAY F	ASHION, INC.		
DOCUMENT NUM	DOKOOOSKOK 1			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	KEVIN A CHASSON			
	Name of Contact Person			
	LILLY MCKAY FASHION, INC			
	Firm/ Company			
	601 SILKS RUN, #1425			
		Address		
	HALLANDALE BEACH, FL 33009 US			
		City/ State and Zip Code		
	kevin@savvyclthing.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:	560-5179	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ertment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

LILLY MCKAY FASHION, INC.

P06000056061 (Document Number of Corporation (i Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> (its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> (its Articles of Incorporation:	
its Articles of Incorporation:	Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: KEVIN A C	HASSON
(Principal office address MUST BE A STREET ADDRESS) 601 SILKS	RUN, #1425
HALLAND	ALE BEACH FL 33009
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7828 MAR 3
	0 REC
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent KEVIN A CHASSON	
601 SILKS RUN #1425	
(Florida street address)	
New Registered Office Address: HALLAN DALE BEACH	, Florida
(City)	(Zip Code)

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)

Example:

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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	CHASSON, DAVID	601 SILKS RUN, #1425
Add			HALLANDALE BEACH FL 3300
X Remove			
2) Change	PRES	CHASSON, KEVIN A	601 SILKS RUN #1425
X Add			HALLANDALE BEACH FL 3300
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change			
Add			
Remove			

'A	or adding additional A ional sheets, if necessary,). (Be specific)			
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	ment provides for an ex for implementing the ar	<u>cchange, reclassifications</u>	on, or cancellation of i	ssued shares,	
If an amend	tot milhtementing the ar	mentinent ii not conta	med in the amendmen	it tisen.	
provisions	applicable, indicate N/A)				
provisions (if not a	applicable, indicate N/A)				
provisions (if not a	applicable, indicate N/A)				
provisions (if not a	applicable, indicate N/A)	-14			
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provisions	applicable, indicate N/A)				

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 de	ate)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follo for each voting group entitled to vote separately on the amenda	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by CHASSON, DAVI	,	
	(voting group)	
03/30/20 Dated	20	
Signature 2	LAMANA	
	a director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or	
	pinted fiduciary by that fiduciary)	or outer court
	DAVID CHASSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	