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SECRUTARY OF STATE

APPROVED AND FILED

C. LEWIS

NOV 2 1 2013

EXAMINER

COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAD DESIGNS EVENT COUTURE, CORP
DOCUMENT NUMBER: POLOGOOD 59910
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Madelein Prodriguez Name of Contact Person
Firm/ Company
11822 EW 106 AVC. Address
Miami, FL 33176 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Madelein Rodriguez at (305) 302 9895 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\square\$ \$\squa
Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AND FILED 13 NOV 15 PM 3: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

MAD DESIGNS EV	ENT COUTURE, CORP.
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
PØG	めめめ5991 Ø ation (if known)
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
M COLLECTION	, CORP. The new
name must be distinguishable and contain the word "corp	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11822 SW 106 AVE MIAMI, FL 33176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11822 SW 104 AVE MIAMI, FL 33176
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
	- · · · · · · · · · · · ·
Signature of New Regis	stered 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add		,	737944
Remove			_

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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rovisions for implementing the amer	ndment if not contained in the amendment itself:
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AND FILED

13 NOV 15 PM 3: 37

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	SECRETARY OF STAFfother than the TALLAHASSEE, FLORIDA
The date of each amendment(s) adoption date this document was signed.	12 IALLAHASSEE, FLAGINA
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement of oting 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)
action was not required.	y the board of directors without shareholder action and shareholder
action was not required.	y the incorporators without shareholder action and shareholder
Dated • W	•13
Signature	The truty muse
selected, by ar	president or other officer — directors or officers have not been incorporator — if in the hards of a receiver, trustee, or other court iciary by that fiduciary)
	Madelein Boariquez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)