# P06000080051

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
| (Ad                     | dress)           |             |
| (Ad                     | dress)           |             |
| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | ocument Number   | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special instructions to | Filing Officer:  |             |
| :                       |                  |             |
|                         |                  |             |
|                         |                  |             |
|                         |                  |             |

Office Use Only



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07/16/10--01010--011 \*\*35.00



Amenda

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|                          | <i>1</i> 4                                 |  |   |
|--------------------------|--|--|---|
| NAME OF CORE             | PORATION:                                  | FASHION MARKET INC   | •   |
| DOCUMENT NU              | MBER:                                      | P06000086751   |   |
| The enclosed Artic       | eles of Amendment and fee a                | e submitted for filing,  |   |
| Please return all co     | orrespondence concerning thi               | s matter to the following:                                       |   |
|                          | MONIC                                      | UE TRONCONE, CPA   |   |
|                          | N  | me of Contact Person   | <del></del>   |
|                          | MONIQU                                     | E TRONCONE, CPA PA   |   |
| •                        |  | Firm/ Company  |   |
|                          | 55 NE 5                                    | TH AVENUE SUITE 501  |   |
| ·                        |  | Address  | -   |
|                          | ВОС  | A RATON, FL 33432  |   |
|                          | . Ci                                       | ty/ State and Zip Code   | -   |
| •                        | MONIQUE@T                                  | RONCONE-CPA.COM  Tor future annual report notification)          |   |
|                          | ·  | •  |   |
| For further informa      | ation concerning this matter,              | please call:   |   |
| MONIQI                   | JE TRONCONE, CPA                           | at ( 561 ) 417  Area Code & Daytime Telepl                       | -0308   |
| Name                     | of Contact Person                          | Area Code & Daytime Telepl                                       | hone Number   |
| Enclosed is a check      | k for the following amount m               | ade payable to the Florida Departm                               | ent of State:   |
| ☑ \$35 Filing Fee        | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ac               |  | Street Address   |   |
| Amendment Section        |  | Amendment Section  |   |
| Division of Corporations |  | Division of Corporations   |   |
| P.O. Box 6327            |  | Clifton Building   |   |
| Tallahassee              | L. FL 32314                                | 2661 Executive Center Circle                                     |   |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### FASHION MARKET, INC.

| (Name of Corporation as currently filed with   |  |  |
|--|--|--|
| P06000086751   |  |  |
| (Document Number of Corporat   | ion (if known)                                 |  |
| Pursuant to the provisions of section 607.1006, Florida Statut<br>emendment(s) to its Articles of Incorporation:   | es, this Florida Profit Corporation adopts the |  |
| A. If amending name, enter the new name of the corporation   | <u>n:</u>                                      |  |
|  | The n  |  |
| name must be distinguishable and contain the word "corp<br>abbreviation "Corp.," "Inc.," or Co.," or the designation "C<br>name must contain the word "chartered," "professional associa | orp," "Inc," or "Co". A professional corporat  |  |
| B. Enter new principal office address, if applicable:  | 6106 ALOMA LANE                                |  |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )   | BOCA RATON FL 33433                            |  |
|  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 6106 ALOMA LANE                                |  |
|  | BOCA RATON FL 33433                            |  |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office additional and/or the new registered office additional agent.         |  |  |
| New Registered Office Address: (Flor   | ida street address)                            |  |
|  | , Florida                                      |  |
| (City)   | (Zip Code)                                     |  |
| New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam.  |  |  |
| 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)

| <u>Title</u> | Name  | <u>Address</u>   | Type of Action    |
|--------------|---|--|-------------------|
| PD           | ARIANNA PENA  | 6890 TOWN HARBOR BLVD<br>APT 2911<br>BOCA RATON FL 33433 | ☐ Add ☐ Remove    |
| <u>PD</u>    | DONNA RAMEIX  | 6106 ALOMA LANE<br>BOCA RATON FL 33433                   | ☑ Add ☐ Remove    |
|              |   |  | ☐ Add<br>☐ Remove |
|              | g or adding additional Articles, enter c<br>tional sheets, if necessary). (Be specific                      |  |                   |
|              |   | <b>f</b>   |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
| provisions   | ndment provides for an exchange, recla<br>for implementing the amendment if na<br>applicable, indicate N/A) |  |                   |
|              |   |  |                   |
|              |   |  |                   |
| <del>*</del> |   |  |                   |
|              |   |  |                   |

| The date of each amendmen                          | t(s) adoption: 0/1310   |
|--|---|
| Effective date <u>if applicable</u> :              | 071310 (date of adoption is required)   |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                           | (CHECK ONE)   |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.  |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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   | ,,,   |
| 9)   | (voting group)  |
| action was not required.                           | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder  |
| action was not required.                           | the adopted by the incorporators without shareholder action and shareholder   |
| sell   | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court beinted fiduciary by that fiduciary) |
|  | DONNA RAMEIX  |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |