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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 Phone : (407)847-7466 Fax Number : (407)847-6641

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please

Email	Address:	
		

COR AMND/RESTATE/CORRECT OR O/D RESIGN DAVID F. GOLDSMITH CORPORATION

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FFC 1 8 2021

To:

Fax: (850) 617-6380

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Articles of Amendment

tu National Company	
Articles of Inc of	
111	
David F. Goldsm	
(Name of Corporation as current)	ly filed with the Florida Dept, of State)
P070000	301574
	of Corporation (if known)
(Document Full rock of	n Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
its Articles of Incorporation:	
A IFamouding good bates the second of the second of	
A. If amending name, enter the new name of the corporation:	• • •
Couture Events, Inc.	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". 2	A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."	"
D F=+===================================	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
() The open office address most be A Street Minkess)	
0.0	
C. Enter new mailing address, if applicable:	DO DOX 10003 1 AUAINA HI 06761 51
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 10993, LAHAINA, HI 96761
	Since I was
	Shi a m
	Irress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add	The state of the s
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Ayent	
Nume of new negmenta rigerii	
(l'Iorida sh	reet uddress)
Many Barringan of CMF as Add	79. 3.4
New Registered Office Address:	(City) (Lip Code)
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent. I am familiar t	with and accept the obligations of the position.
	•
Signature of New R	Registered Agent, if changing
	• • • • • • • • • • • • • • • • • • •
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

From: Candy McDonah

Example:

Fax: 13214025154

To:

Fax: (850) 617-6380

Page: 3 of 5

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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.

▼ Cuange	<u>r. ı</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title.	Name	Address
1) Change	VP	Erica Goldsmith	PO Box 13007
X_ Add			Lahaina, HI 96761
Remove			
2) Change			
Add			
Remove 3) Change			
Add		•	
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·- ·		
Add			
Remove			

From: Candy McDonah Fax: 13214025154 To: Fax: (850) 617-6380 Page: 5 of 5 02/17/2021 1:13 PM

ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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n amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
ovisions for implementing the ame	hange, rectassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if you continoble indicate M/A)	
(if not applicable, indicate N/A)	
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From: Candy McDonah

Fax: 13214025154

To:

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The date of each amendment(s) a date this document was signed.	doption: January 28, 2	021	, if other than the
Effective date if applicable:	January 28, 202	<u>!</u> 1	
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this t document's effective date on the D	plock does not meet the applicable epartment of State's records.	statutory filing requirements	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board	d of directors without shareho	lder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The mu ufficient for approval.	mber of votes cast for the ame	endrment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the sharcholders through each voting group entitled to vote	voting groups. The following separately on the amendment	g stalement t(s):
"The number of votes case	for the amendment(s) was/were su	ifficient for approval	
by		A	
	(voting group)	1 0	.
Dated Jan	uary 28, 2021	_	
Signature	20	>	
(By a d selecte	firector, president or other officer— d, by an incorporator—if in the har ted fiduciary by that fiduciary)	if directors or officers have n ads of a receiver, trustee, or of	not been ther court
	David F. Goldsmith		
	(Typed or printed name	e of person signing)	
	President		
	(Title of person signing	9)	

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