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Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone : (407)847-7466

Fax Number : (407)847-6641

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

Email Address: taxes@sbc-cpa.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN COUTURE EVENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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	Articles of Amendme	nt		
3. <sub>4</sub> .	to Articles of Incorporati of	on .	,	
COUTURE EVENTS, INC.				
(Name of Corporat	ion as currently filed w	ith the Florida De	ept. of State)	
P07000001574				
(Docui	ment Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607,1006. Floridits Articles of Incorporation:	a Statutes, this Florida F	Profit Corporation	adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	" or "Co". A professi			
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>				
			<u> </u>	<b>202</b> 2
				<u>~</u>
Enter new mailing address, if applicable:			당군	22
(Mailing address MAY BE A POST OFFICE BC	<u></u>		<del></del>	<u> </u>
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				<del>- 51</del>
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>		orida, enter the n	ame of the	
	Willet additss.			
Name of New Registered Agent				
		·		<del></del>
	(Florida street addres.			
New Registered Office Address:	(City)		, Florida	A Coda?
	(City)		(24	, ( tale)
New Registered Agent's Signature, if changing Registered agent. hereby accept the appointment as registered agent.	gistered Agent; I am familiar with and a	eccept the obligate	ons of the position	
<del></del>				_
Sign	ature of New Registered	Agent, if changing		
Theck if applicable  The amendment(s) is/are being filed pursuant to s.	607.0120 (11) (e), F.S.			

Fax: +18506176380

Page: 2 of 5

08/25/2025 4:15 PM

, From: Rachelli Malit

Fax: +13214025194

To:

## (((11250002983473)))

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:

To:

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 PNT 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.

Frample:

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	PSD	David F. Goldsmith	PO Box 13007
Add			Lahaina, HI 96761
2) X Change	PSD	Erica Goldsmith	PO Box 10993
Add			Lahaina. HI 96761
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

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From: Pachelli Malit	Fax:

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To:

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Page: 5 of 5

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The date of each amendment(s) acdate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory fi partment of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of director	s without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote Hicient for approval.	es east for the amendment(s)
	roved by the shareholders through voting groue each voting group entitled to vote separately of	
"The number of votes cast i	for the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
8/22/25 Dated		
Signature 2	ica Goldsmith	
(By a dir selected	rector president or other officer—if directors, by an incorporator—if in the hands of a reced fiduciary by that fiduciary)	
	Erica Goldsmith	
-	(Typed or printed name of person s	signing)
	President	

(Title of person signing)