# P070000 34678

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	





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Chilly

#### **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Co	orporations		
NAME OF CORP	ORATION:	atique Bro	Is/L, Inc
DOCUMENT NU	MBER:		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	Poin	I COPA MILA	uez Brewster
-		Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	/
	(61	0 Lenox	Ave Nue #38
-		Address	
_	M	ismi Beach	<u>P1 33138</u>
	E-mail address: (to be use	city/ State and Zip Code  Cr A Property Code  In the Code of the C	H33139 hotneil.com
For further informa	tion concerning this matter,	please call:	
PAtn.	CIA	at 305, 303	-8202
Name	of Contact Person	Area Code & Daytime Tel	<del></del>
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	tment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad		Street Address	
Amendment		Amendment Section	
Division of P.O. Box 63	Corporations	Division of Corporations Clifton Building	
1 'O' DOY 03	Au I	CHINH DUNNING	

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

## to Articles of Incorporation of

	ently filed with the Florid		
	00 3467		
(Document Nun	nber of Corporation (if known	own)	
uant to the provisions of section 607.100 adment(s) to its Articles of Incorporation:	6, Florida Statutes, this I	lorida Profit Corpoi	ration adopts the follo
f amending name, enter the new name o	f the corporation:		
Juicy B	PAZIL	Two	The new
e must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or the e must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A proj	fessional corporation
Enter new principal office address, if app	licable:		
ncipal office address <u>MUST BE A STREE</u>			<del></del>
	<u> </u>		
			<del></del>
			***************************************
Enter new mailing address, if applicable			
Enter new mailing address, if applicable Mailing address <u>MAY BE A POST OFFI</u> O			
Mailing address <u>MAY BE A POST OFFI</u>	<u></u>	n Florida, enter the	name of the
	registered office address	n Florida, enter the	name of the
Mailing address MAY BE A POST OFFICE  f amending the registered agent and/or rew registered agent and/or the new registered.	registered office address	n Florida, enter the	name of the
Mailing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or r	registered office address	n Florida, enter the	name of the
Mailing address MAY BE A POST OFFICE  f amending the registered agent and/or received registered agent and/or the new registered.	registered office address		name of the
Mailing address MAY BE A POST OFFICE  f amending the registered agent and/or received registered agent and/or the new registered agent.  Name of New Registered Agent:	registered office address stered office address:	address)	
Mailing address MAY BE A POST OFFICE  f amending the registered agent and/or received registered agent and/or the new registered agent and/or the new registered Agent:	registered office address stered office address:  (Florida street of the	address), Flor	ida
f amending the registered agent and/or rew registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	registered office address stered office address:  (Florida street of the control	address)	ida
Mailing address MAY BE A POST OFFICE  f amending the registered agent and/or received registered agent and/or the new registered agent and/or the new registered Agent:	ce BOX)  registered office address stered office address:  (Florida street of the control of the	address) , Flor (Zip Code)	ida

### removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title Type of Action** <u>Name</u> Address ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	(s) adoption: $2/2///$
. *	(date of adoption is pequired)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	2/2/11
Signature	a director, president or other officer – if directors or officers have not been
sele	eted, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Patricia Milanez Brewster
	(Typed or printed name of person signing)
	- President
	(Title of person signing)