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(Requestor's Name)	
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(Business Entity Name)	:
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SECRETARY OF STATE
TALLAHASSEE FLORIO

10/6/09

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MCL	oula by GP besigns INC.
DOCUMENT NUMBER: 10700	20042709
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Gue	Name of Contact Person
Michoula	by 6 Designs ine
5905 K	Lunkett St BAY A
Hollywor Guerdam E-mail address: (to b	City/ State and Zip Code City/ State and Zip Code Copy of Company of State annual report notification)
For further information concerning this management of Contact Person	atter, please call: at (786) 443 - 67/4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	Standard Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

	Articles of Am		Mary Mary Mary Mary Mary Mary Mary Mary
(Name of Corporation as cur Michaela by (Document No	Articles of Inco	DESIGNS he Florida Dept. of Sta 3 n S IVC.	IN COMPORT -2
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		es, this Florida Profit	Corporation adopts the following
A. If amending name, enter the new name LORDANA DESI name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p	GNS IN the word "corpo he designation "Co	oration," "company," orp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)			
D. If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address:	gistered office add GVE1 12 G	ress: A Piero ED Mund da street address) KEL	ter the name of the Rd , Florida 33023 ip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			obligations of the position.

Page 1 of 3

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) Type of Action Title Address Name ☐ 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)

The date of each amendment(s) adoption: $9-29-09$
•	(date of adoption is required)
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/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
3 -	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
. by	"
	(voting group)
action was not required. The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder .
. Dated	9-30-09
Signature	Glilsre
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Guerda Pierre
	(Typed or printed name of person signing)
	Resident (Title of person signing)