## P07000048363

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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAGWERKS HANdbag	5 110
DOCUMENT NUMBER: <u>P070000 48363</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Roy A. MALTEZ  Name of Contact Person	
BAGWERS handbags 11C Firm/Company	
15417 SW 36 TETALE Address	
Miami Flori UA 33185  City/ State and Zip Code	
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:	
Roy A MALTEZ at (301) Secondary Person Area Code & Dayti	01-9733
Name of Contact Person Area Code & Dayti	me Telephone Number
Enclosed is a check for the following amount made payable to the Florida I	Department of State:
□ \$35 Filing Fee   □ \$43.75 Filing Fee & Certificate of Status	S52.50 Filing Fee Certificate of Status Osed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

BAGWERS hand bags (Name of Corporation as currently file)	ed with the Florida	Dent of State)	
	ed with the Piorida	Dept. of State	
P070000 48763			
(Document Number of	Corporation (if knov	vn)	`•
uant to the provisions of section 607.1006, Floridament(s) to its Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corp	poration adopts the
f amending name, enter the new name of the co			
must be distinguishable and contain the wor	pal Solut	ions I	nc The n
e must be distinguishable and contain the wor eviation "Corp.," "Inc.," or Co.," or the design e must contain the word "chartered," "profession	ation "Corp," "Inc,	" or "Co". A p	rofessional corporat
nter new principal office address, if applicable:			
ncipal office address <u>MUST BE A STREET ADD</u>		All A	
	<del></del>	70   21	
E-4			
	<u>x</u> )		
	<u>X</u> )		
Mailing address <u>MAY BE A POST OFFICE BO</u>			
Mailing address <u>MAY BE A POST OFFICE BO</u> f amending the registered agent and/or register	ed office address in	ı Florida, enter t	he name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  (If amending the registered agent and/or registerness registered agent and/or the new registered of	ed office address in	Florida, enter t	he name of the
Mailing address <u>MAY BE A POST OFFICE BO</u>	ed office address in	Florida, enter t	he name of the
Mailing address <u>MAY BE A POST OFFICE BO</u> f amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in	Florida, enter t	he name of the
Mailing address MAY BE A POST OFFICE BOX  f amending the registered agent and/or register  new registered agent and/or the new registered of  Name of New Registered Agent:	ed office address in office address:	(x	he name of the
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Mailing address MAY BE A POST OFFICE BOX f amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:	ed office address in office address:	ddress)	lorida
f amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	ed office address in office address:  (Florida street address)	ddress)	lorida
If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered Agent.	ed office address in office address:  (Florida street a (City)	ddress) , F	'lorida ode)
Mailing address MAY BE A POST OFFICE BOX f amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:	ed office address in office address:  (Florida street a (City)	ddress) , F	'lorida ode)

The date of each amendment(s) a	loption: 5-23-1(
	(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 ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vot	ng group)
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated Signature	ector, president or other officer – if directors or officers have not been
selected	by an incorporator — if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
_	Roy Albert MALFEZ  (Typed or printed name of person signing)  President
	(Title of person signing)