P0700073958

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(013)/2101012.[p./ 170110 177					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basiness Enal) Name,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800319222818

ro/16/18--01002--019 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 1 9 2018 S. YOUNG

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

TO: Amendment Section

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

(Additional copy is

enclosed)

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

Certified Copy

is enclosed)

(Additional Copy

Articles of Amendment

to

Articles of Incorporation

Boutique Be	llissima, Inc.
(Name of Corporation as currently f	••
P07000073	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitis</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: The Yellow B	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	6". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, AU. 3346
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
	addesic)
New Registered Office Address: (C	, Florida ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	
Signature of New Rea	vistored Avent 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)

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.

X Change	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	,	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	<i>;</i>	
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_	-	_/_ _	
Add	1				
Remove	`,		<i>,</i>	/	
2) Change		_		<u>.</u>	
Add					
Remove			/		-
3) Change		_			
Add			1		
Remove					
4) Change			/ 		
Add		·			
Remove					
5) Change		_,'			
Add					
Remove	ż				
C) Change					
6) Change		_			
Add					
Kemove					

If amending or ad (Attach additional s	ding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
<u> </u>		·
	<u> </u>	
		<u> </u>
	-	
		
•		
		
	N. Communication of the Commun	
	N.	
		
	·,	
	,	
		··
	· , ,	
	•	
	· · · · · · · · · · · · · · · · · · ·	
_		
	<i>j</i>	
If an amendment	provides for an exchange, reclassification, or canc	cellation of issued shares,
provisions for im	plementing the amendment if not contained in the	<u>amèndment itself:</u>
(у пот арриса	able, indicate N/A) /	
	/	
		
	/	V
<u> </u>		·
<u> </u>		
	!	
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	October 3, 2018	, if other than the
late this document was signed.	//	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	te shareholders. The number of votes east for the amend approval.	dment(s)
	the shareholders through voting groups. The following any group entitled to vote separately on the amendment(
"The number of votes cast for the am	endment(s) was were sufficient for approval	
by	ooting group)	
(v	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareho	lder
DatedOctobe	- 3, 2018	
Signature	- 3, 2018 - July ason	
(By a director, pro	esident or other officer - if directors or officers have no	
	corporator – if in the hands of a receiver, trustee, or oth	ier court
арропней поиста	ry by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	