P07000121731

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORP	ORATION:	BREEZE EMBROIDERY,	INC.
DOCUMENT NU	MBER:	P07000121731	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
		BRIAN AKIN	
·	N	Jame of Contact Person	
	AKIN	ENTERPRISES, INC.	
		Firm/ Company	
	2660	SETTLERS SQUARE Address	· · · · · · · · · · · · · · · · · · ·
		Addiess	
		F BREEZE FL 32563 City/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
C C			
For further informa	ation concerning this matter, BRIAN AKIN		06-9040
Name	of Contact Person	Area Code & Daytime Tel	
Enclosed is a check	c for the following amount n	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

Articles of Incorporation

of	- 11 m
BREEZE EMBROIDERY, INC	10 APR CO
(Name of Corporation as currently filed with the Florida Dept. of State)	The state of PH Lorente
P07000121731	THE SECOND
(Document Number of Corporation (if known)	FLORIDA

owing

Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		orida Profit Corporation adopts the follo
A. If amending name, enter the new name	e of the corporation:	
	ENTERPRISES, INC.	The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		nd accept the obligations of the position.
-	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Damova
			☐ Add☐ Remove
(allach ac	iditional sheets, if necessary). (Be specific)	
provisio		exchange, reclassification, or cancella mendment if not contained in the am	
	,,,,		

The date of each amendment	(s) adoption: JANUARY 1, 2010
•	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/wer must be separately provided	re 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	cast for the amendment(s) was/were sufficient for approval
by	,,
•	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Signature	UARY 1, 2010
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	BRIAN AKIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)