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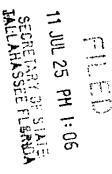
(Requestor's Name)
(Address) 1.
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(1331355)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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News 1 7-25-11

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Jolie Inte	riors, Inc.
DOCUMENT NUMBER: <u>P08000263</u>	47
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
	son
Firm/ Company	
3161 NE 14 AVE	inue
Pompand Beach City/ State and Zip C	FL. 33064
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Sheri Burg at (95) Name of Contact Person at (95)	Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	he Florida Department of State:
\$35 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$43.75 Filing Fee & Certificate of Status Certified (Additional)	-
P.O. Box 6327 Clifton But	nt Section Corporations

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2011

SHERI BURG JOLIE INTERIORS, INC 3161 NE 14 AVENUE POMPANO BEACH, FL 33064

SUBJECT: JOLIE INTERIORS, INC

Ref. Number: P08000026347

We have received your document for JOLIE INTERIORS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000028809 - CREATIVE SPACES LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

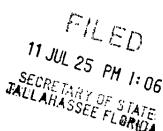
If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A0001699

1 JUL 25 PM 12: 28

Articles of Amendment



• • •	4-		~ <5 PM .
	to Articles of Inc	ornorgion	SECRETARY 1: 0
	of	or por action	AHASSEF E STATE
Talia	Tulogiaco	T.00	SECRETARY OF STATES
(Name of Corporati	on as currently filed with	the Florida Dant of Stat	
PAS AAA	3 O L 2/17	the Florida Dept. of State	<u>E)</u>
	12654		
(Doc	ument Number of Corporat	ion (if known)	
Pursuant to the provisions of section amendment(s) to its Articles of Incommendation		tes, this <i>Florida Profit C</i>	orporation adopts the following
A. If amending name, enter the ne	w name of the corporatio	n:	
Creative Space	s of Sout	h Florida	Inc. The new
abbreviation "Corp.," "Inc.," or C	o.," or the designation "C	orp, " "Inc," or "Co". A	professional corporation
name must contain the word "charte	red," "professional associa	ation," or the abbreviatio	n "P.A."
B. Enter new principal office addi	ress, if applicable:	NA	
(Principal office address MUST BE			
C. Enter new mailing address, if a (Mailing address MAY BE A PC		NIA	
(maining address MATT DESTRE	GI OI I ICE BOX)		
			<u> </u>
D. If amending the registered agei			r the name of the
new registered agent and/or the	new registered office add	dress:	
Name of New Registered Age	ent:	JA	
New Registered Office Addre	(Flow	ida street address)	
New Registered Office Addre	<u>m.</u> (1107)	aa sireei aaaress)	
	· · · · · · · · · · · · · · · · · · ·		, Florida
	(City)	(Zip (Code)
Nam Dadamad Assault Ct.	se abanda partir sa		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and 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>	NA	Address	Type of Action ☐ Add ☐ Remove
	<u> </u>			☐ Add☐ Remove
				Add Remove
		litional Articles, enter necessary). (Be spec		
<u>provis</u>	mendment provide ions for implementi not applicable, indic	ng the amendment if	classification, or cancella not contained in the am	ntion of issued shares, endment itself:
•	NA			

The date of each amendment(s	7/21/17
	(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	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	27
(v	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	1/21/11 B
selecte	director, president or other officer—If directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Sheri Bura
-	(Typed or printed name of person signing)
-	President
	(Title of person signing)