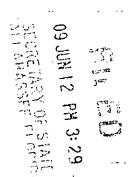
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Office Use Only



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MATTEND. 6/12/09 Dc

COVER LETTER

ŤO: Amendment Section Division of Corporations

, , **,**

NAME OF CORPORATION:CAPRIC	LE WEBER INCORPO	RATED
DOCUMENT NUMBER: <u>P0800<i>00</i></u> 5	57077	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
CAPRICE	WEBER	
1	Name of Contact Person	
CAPRICE W	VEBER FUCOR POR ATE Firm/ Company	0
	Firm/ Company	
3080 NE	49th STREET	
	Address	
F_T.LHUD	CERDALE FZ 33308 City/ State and Zip Code	
	ber @ oomcast, NET ed for future annual report notification)	
For further information concerning this matter,	, please call:	
Name of Contact Person	at (<u>954</u>) <u>732, 88</u> Area Code & Daytime Tele	77 phone Number
Enclosed is a check for the following amount r	nade payable to the Florida Departs	ment of State:
\$35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	3



RECEIVED
2009 JUN 12 AM 8: 00
SEGRETARY OF STATE
TALBAHASSEE, FLORIDA

June 3, 2009

CAPRICE WEBER 3080 N.E. 49TH STREET FT. LAUDERDALE, FL 33308

SUBJECT: CAPRICE WEBER INCORPORATED

Ref. Number: P08000057077

We have received your document 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):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 509A00018697

Articles of Amendment

Articles of Incorporation

UI UI
CAPRICE WEBER INCORPORATED
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
ant to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corneration adop

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the contains a contain the contains the con	designation "Corp," "Inc," or "C	'o". A professio	The orated" or mal corpord	new the ation
name must contain the word "chartered," "profe	essional association," or the abbr	eviation "P.A."		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	· · · · · · · · · · · · · · · · · · ·			
			1184 138 50))
	***************************************	·		- KLE
C. Enter new mailing address, if applicable:	NE BOYL		DECKETAR LI MHASS	_ : ::::::::::::::::::::::::::::::::::
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		area mai	-
D. If amending the registered agent and/or re	gistered office address in Florida	a, enter the nam	e of the	>
new registered agent and/or the new regist	ered office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
		, Florida		
-	(City)	(Zip Code)		
	o Registered Agent:			
New Registered Agent's Signature, 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
			
			☐ Add ☐ Remove
(attach ad	ding or adding additional Articles dditional sheets, if necessary). (B MAL PULL PUSE OF THE LESTATE TRANSACTION	e specific)	LBE.
	•		
provisi	nendment provides for an exchanons for implementing the amendanot applicable, indicate N/A)		

The date of each amendment(s) adoption: MAY 22, 2009
Effective date if applicable: MAY. 22. 2009 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated May 22, 2009
Signature
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)