P08000107522

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COVER LETTER

TO: Amendment Section Division of Corporations

1 5

NAME OF CORPORATION: <u>Once U</u>	pon Laser Creations Corporation
DOCUMENT NUMBER: P080001	07522
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	Raul Rodriguez
(Na	ame of Contact Person)
Once t	Upon Laser Creations Corporation
	(Firm/ Company)
274	455 South Dixie Highway
	(Address)
- (Ci	Naranja, FI 33032 ty/ State and Zip Code)
For further information concerning this mat	
Raul Rodriguez	at (786) 356-7383 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee \$\sqrt{\$43.75 Filing Fee & Certificate of Status}	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Stat (Additional copy is enclosed) (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

Articles of Amendment to Articles of Incorporation of

Once Upon Lase			5	
(Name of Corporation as curre	ntly filed with the	he Florida Dept. of St	tate)	
P080	000107522		+	
(Document Num		on (if known)	•	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		es, this <i>Florida Profi</i>	t Corporation adopts th	e
A. If amending name, enter the new name of	the corporation	<u>ı:</u>		
Hoity-Toity Artisans Company			n line	
The new name must be distinguishable ar "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." B. Enter new principal office address, if apple (Principal office address MUST BE A STREE)	"Inc.," or Co., must contain	" or the designation	"Corp;" "Inc," or	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			PH 1: 16 OF STATE E, FLORIDA	
D. <u>If amending the registered agent and/or removed registered agent and/or the new registered</u>			iter the name of the	
Name of New Registered Agent:			_	
New Registered Office Address:	(Florid	da street address)		
			, Florida	
•	•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ept the obligations of th	!e
S	ignature of New	Registered Agent, if ch	anging	

Effective date if applicable:	
((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) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	23
(1)	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_Februa	ry 3, 2009
Signature	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Raul Rodriguez; Jr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)