P09000012627

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LE TRE SORELL	E, INC.		
DOCUMENT NUM	BER: P09000012627			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	Candi L. Gray			
		Name of Contact Person	n	
	Emerald Coast Permitting, Ir			
		Firm/ Company		
	141 Mack Bayou Loop, Suite	e 303		
		Address		
	Santa Rosa Beach, FL 32459)		
		City/ State and Zip Cod	e	
emer	aldcoastpermitting@cox.net			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Candi L. Gray		at (850	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment 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 Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section		Iment Section	
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LE TRE SORELLE, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P09000012627	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	TI
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	16055 Emerald Coast Parkway, Suite 114
	Destin, FL 32541
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	3768 Misty Way
	Destin, FL 32541
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
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)

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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			~
Remove			
2) Change			
Add			
Remove			4117
3) Change			
Add			
Remove			-
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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PULL.	<u>-</u>			
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			·	
			ion of issued shares.	
f an amendment provides for a	in exchange, reclass	<u>fication, or cancellat</u>		
provisions for implementing th	he amendment if not	ification, or cancellat contained in the ame	ndment itself:	
f an amendment provides for a provisions for implementing the (if not applicable, indicate to	he amendment if not	ification, or cancellate contained in the ame	ndment itself:	
provisions for implementing th	he amendment if not	ification, or cancellat contained in the amo	ndment itself:	
provisions for implementing th	he amendment if not	ification, or cancellat contained in the amo	ndment itself:	
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provisions for implementing th	he amendment if not	ification, or cancellate contained in the ame	ndment itself:	
f an amendment provides for a provisions for implementing the (if not applicable, indicate in the second se	he amendment if not	ification, or cancellate contained in the amo	ndment itself:	
provisions for implementing th	he amendment if not	ification, or cancellat	ndment itself:	

The date of each amendment(s) adoption	on:	, if other than the
date 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 of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will ent of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
October 1, 2018 Dated		
Signature Ste	subdecce.	
selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
Stefa	nia Tozzi	
	(Typed or printed name of person signing)	
Presi	dent, Director	
	(Title of person signing)	