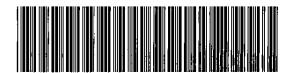
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(Reque	stor's Name)
(Addre	ss)
(Addre	55)
(City/S	rate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docun	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filir	ng Officer:
	Office Use Only



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months, and

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAMARIA PER	RFUMES & ACCESSO	DRIES, COR
DOCUMENT NUM	BER: P09000022274		
The enclosed Articles	of Amendment and fee are subr	nitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	****	EL E MEJIA	
	(Name of C	Contact Person)	
		MES & ACCESSORIES	
	(Firm/	Company)	
		W 48TH CT	
	(A	ddress)	
	·	DENS FL 33055	
	(City/ State	and Zip Code)	
	SEMEJIA09 E-mail address: (to be used	@GMAIL.COM for future annual report notific	cation)
For further informatio	n concerning this matter, please	·	,
SAMUEL E MEJIA	\	at (305)_223-39	20
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check for	r the following amount made pa	yable to the Florida Departmen	nt 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)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2011

SAMUEL E. MEJIA 19310 NW 48TH CT MIAMI GARDENS, FL 33055

SUBJECT: SAMARIA PERFUMES & ACCESSORIES, CORP.

Ref. Number: P09000022274

We have received your document for SAMARIA PERFUMES & ACCESSORIES, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6916.

Letter Number: 511A00024072

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

Samaria Pa	erFume	25 8	Acces	5 ories	COLP
(Name of Corporation as curre	ntly filed with t	he Florida Dept	t. of State)		COFF
P09000022	274				
(Document Num		on (if known)			
Discount to the annuicion of continuo (07 1006	. Planida Carana	a dhia Maaida	De e Ga Comma		the Calleggina
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statute	es, this <i>Florida</i>	Projit Corpo	ration adopts	the following
•					
A. If amending name, enter the new name of		_			
Samaria - Peaut name must be distinguishable and contain the	<u>Y SU</u>	oply 1	nc.	T/	he new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "profi	designation "Co	orp," "Inc," or '	"Co". A pro	ofessional corp	or the oration
		1001, Or 1110 as			* ~~-
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		<u>X 2 5 2 2</u>	<u> 3w</u>	<u> 90</u> 9	产品
(17 melpar office analysis mest be 71 street	(ADDINESS)	Miami	FL	<u>33159</u>	翻言
				3 9 0	
					THE OF
C. Enter new mailing address, if applicable:		11/4		F.C.	O PM
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>.E BUA</u>)	10 171			
		·		<u> </u>	े ज
D. If amending the registered agent and/or re			ida, enter the	name of the	
new registered agent and/or the new registered	tered office add	ress:			
Name of New Registered Agent:	_ <i>N A</i> _				
New Registered Office Address:	(Floria	da street address	·)		
			, Flo	orida	
-	(City)	- • • • • • • • • • • • • • • • • • • •	(Zip Cod		
New Registered Agent's Signature, if changin	a Registered Ac	rant.			
I hereby accept the appointment as registered ag			ept the obliga	ations of the po	sition.
Si	gnature of New 1	Registered Agen	t, 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>	Name	Address	Type of Action
	NA		Add Remove
			☐ Add☐ Remove
			Add Remove
	ig or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)	ot contained in the amendment i	
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment	(s) adoption: Oct 6, 20 U
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	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 of	cast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature 2 (By selec	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 binted fiduciary by that fiduciary)
	Samuel E Media (Typed or printed name of person signing) Phesi den t
	(Title of person signing)