# P090000 48943

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| (Requestor's Name)      |                    |                     |
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| PICK-UP                 | ☐ WAIT             | MAIL                |
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| (Bu                     | ısiness Entity Naı | me)                 |
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| (Do                     | cument Number)     |                     |
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| Certified Copies        | Certificate        | s of Status 2000    |
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| Special instructions to | Filing Officer:    | ļ                   |
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SECRETARY OF STATE TABLE AHASSEE, FLORIO

N.C.

C.COULLIETTE

JUL 1 0 2309

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORI   | PORATION:                                    | Miami Bound Bridal Netw  | vork  |
|--|--|--|---|
| DOCUMENT NUMBER: P09000048943                          |  |  |   |
| The enclosed Artic                                     | eles of Amendment and fee a                  | are submitted for filing.  |   |
| Please return all co                                   | orrespondence concerning th                  | is matter to the following:  |   |
| . •  |  | Vanessa Rocha  |   |
|  | N  | Name of Contact Person   |   |
| South Florida Event Netw                               |  | Florida Event Network  |   |
|  |  | Firm/ Company  |   |
| P.O. BOX 166325  |  |  |   |
|  |  | Address  |   |
|  |  | Miami, FL 33116  |   |
|  | C  | City/ State and Zip Code   |   |
| _  | vrocha@so<br>E-mail address: (to be use      | ophieskeepsakes.com ed for future annual report notification)  |   |
| For further informa                                    | ation concerning this matter,                | please call:   |   |
| \  | /anessa Rocha                                | at (305)33   | 21-1426   |
| Name of Contact Person Area Code & Daytime Telephone N |  | ephone Number  |   |
| Enclosed is a check                                    | k for the following amount n                 | nade payable to the Florida Depart   | tment of State:   |
|  | ☐ \$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) |
| P.O. Box 6   | nt Section<br>Corporations                   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl | e   |

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of

### Miami Bound Bridal Network (Name of Corporation as currently filed with the Florida Dept. of State)

| P0900  | 0048943                                 |                          |                     |
|--|---|--------------------------|---------------------|
| (Document Number   | r of Corporation (if know               | n)                       |                     |
| Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:   | lorida Statutes, this Flor              | rida Profit Corporation  | adopts the followin |
| A. If amending name, enter the new name of the   | e corporation:                          |                          |                     |
| Soflo Even   | nt Network, Inc                         |                          | The new             |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess | signation "Corp," "Inc,"                | or "Co". A professio     |                     |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A   |   |                          | <del></del>         |
| · · · · · · · · · · · · · · · · · · ·  | <u></u>                                 | <u>A</u>                 |                     |
|  |   |                          | TAS                 |
| C. Enter new mailing address, if applicable:   |   |                          | 09<br>ECF           |
| (Mailing address MAY BE A POST OFFICE  | $\underline{BOX}$ $\underline{\bigcap}$ | <del>}</del>             |                     |
|  |   |                          | NAY<br>SSE          |
|  | -                                       |                          |                     |
| D. If amending the registered agent and/or regis   |   | Florida, enter the nam   | MI IO: 07           |
| new registered agent and/or the new register   | ed office address:                      |                          | )7<br>HE            |
| Name of New Registered Agent:  | nla                                     |                          | •                   |
|  | OIA                                     |                          |                     |
| New Registered Office Address:   | (Florida street add                     | dress)                   |                     |
|  |   | , Florida_               |                     |
|  | (City)                                  | (Zip Code)               |                     |
| New Registered Agent's Signature, if changing F  |   |                          |                     |
| I hereby accept the appointment as registered agen   | t. I am familiar with and               | d accept the obligations | of the position.    |
|  | NA                                      |                          |                     |
| Signo  | ature of New Registered A               | 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) Title <u>Name</u> Address Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendmen                         | t(s) adoption: 07   | //01/2009   |
|---|---------------------|---|
| Effective date if applicable:                     | 07/01/2009          | (date of adoption is required)  |
|   | (no more than 9     | 0 days after amendment file date)   |
| Adoption of Amendment(s)                          | ( <u>CH</u>         | ECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                     | shareholders. The number of votes cast for the amendment(s) approval.   |
|   |                     | e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):             |
| "The number of votes                              | cast for the amen   | dment(s) was/were sufficient for approval   |
| by  |                     |   |
|   | (voting group)      |   |
| The amendment(s) was/we action was not required.  | ere adopted by the  | board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.  | ere adopted by the  | incorporators without shareholder action and shareholder  |
| Dated_07/0  | )1/2009             |   |
| sel   | ected, by an incorp | lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court |
| арр   | pointed fiduciary b | by that fiduciary)  |
|   |                     | Vanessa Rocha   |
|   | (Ту                 | ped or printed name of person signing)  |
|   |                     | President   |
|   | (Title o            | f person signing)   |
|   |                     |   |