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(Re	equestor's Name)	<del></del>
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Amend CC (10,4,30,14

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Devine Styl	e Inc	
DOCUMENT NUM	DOGOOOGETT		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Olympia Devine		
		Name of Contact Persor	า
	Devine Style Inc		
		Firm/ Company	
	205 Worth Ave S	uite 201 -110	
		Address	
	Palm Beach, Flor	ida 33480	
		City/ State and Zip Code	e
, Oly	ympia@devinestyl	e com	
<u> </u>		ed for future annual report	
	E-mail address: (to be us	ed for future annual report	nouncation)
	P (6 17 17		
For further information	on concerning this matter, pleas	e call:	
Olympia Dev	vine	<sub>at (</sub> 561	420 9143
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	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 Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ms	niling Address	Street	<u>Address</u>
	nendment Section	Amend	Iment Section
Division of Corporations		Division of Corporations	
	D. Box 6327		Building
Tal	lahassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

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



### Devine Style Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

(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 amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "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:	205 Worth Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 201-110
	Palm Beach FL 33480
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 481
(Mulling undress MAT BE ATT OST OTTICE BOX)	Palm Beach
	FL 33480
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	·
(Florida :	street address)
,	, Florida
New Registered Office Address: (Cit	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	T		Candice Mary-Ann van Wijk	39 Fifth Street,
<b>✓</b> Add				Greymont
Remove				South Africa 2195
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del>_</del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
/ · / · · · · · · · · · · · · · · · · ·	
(if not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	

The date of each amendment(s) adoption: April 21st, 2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 April 21st, 2014	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Olympia Devine	
(Typed or printed name of person signing)	<del>_</del>
President	
(Title of person signing)	<del></del>