P09000088467

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TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	SHION HOUSE APPAREL INC
DOCUMENT NUI	MBER:	P09000088467
The enclosed Articl	les of Amendment and fee a	are submitted for filing.
Please return all co	rrespondence concerning th	is matter to the following:
	· J.	AIME GUTIERREZ
-	7	Name of Contact Person
_		
		Firm/ Company
		• :
-		2098 NW 20 ST
		Address
-		MIAMI, FL 33142 City/ State and Zip Code
	`	City/ State and Zip Code
	JTORRE	S6@HOTMAIL.COM
	E-mail address: (to be us	ed for future annual report notification)
For further informa	ntion concerning this matter	, please call:
JC	SE G TORRES	at (786) 715-5669
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amount	made payable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ao Amendmer		Street Address Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations
		Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FASHION HOUSE APPAR	REL INC			
(Name of Corporation as currently filed with the	<u>1e Florida Dept.</u>	of State)		
P09000088467	; ;			
(Document Number of Corporation	on (if knówn)			
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		Profit Corporation	adopts the fo	ollowing
KAREN'S FASHION HOUS	;		m	
name must be distinguishable and contain the word "corpo		ow " or "incounc	The ne	
abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associated." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	orp," "Inc," or "	Co". A profession	OS NOV -4 PM 1: 11	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:		da, enter the name	of the	
New Registered Office Address: (Florid	da street address,) , Florida		
(City)	; ;	(Zip Code)	-	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		ept the obligations	of the positio	n.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	
			<u>-</u> _
	-		☐ Remove
E. If ame (attach	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
		::	
		. !	
F. <u>If an</u>	amendment provides for an exchang isions for implementing the amendme	e, reclassification, or cancellate	tion of issued shares,
	f not applicable, indicate N/A)		
		<u> </u>	<u>,,,,</u>
		, ,	
		1 28	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u></u>

The date of each amendment	t(s) adoption: OCTOBER 29,	, 2009
Effective date <u>if applicable</u> :	JANUARY 01, 2010	ption is required)
	(no more than 90 days after an	nendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders.	The number of votes cast for the amendment(s
		through voting groups. The following statemed to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/v	were sufficient for approval
by		,,,
•	(voting group)	1 1
action was not required.	, ,	tors without shareholder action and shareholder without shareholder action and shareholder
Signature _ (B sel		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
s	JA1ME (GUTIERREZ
	(Typed or printed	name of person signing)
•	PRI	ESIDENT:
	(Title of person signir	ng)