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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ROCK CANDY MIAMI, INC.

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COYER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF COR | PORATION: Rock Candy Min | ami, Inc. | | | |
|--|---|--|---|--|--|
| DOCUMENT N | UMBER: <u>P09000090483</u> | | | | |
| The enclosed Art | icles of Amendment and fee a | re submitted for filing. | | | |
| Please return all | correspondence concerning thi | s matter to the following: | | | |
| | Paul L. Glance CPA | | | | |
| | N | ame of Contact Person | | | |
| | Paul L. Glance P.A., CPAs | | | | |
| | | Firm/ Company | | | |
| | 5405 NW. 53rd St., Suite A-11 | ı | | | |
| | | Address | | | |
| | Doral, FL 33168 | | | | |
| | a | ty/ State and Zip Code | | | |
| <u>, ro</u> | ckcandymiemi@gmail.com 1:-mail address: (to be use | d for future annual report notification) | | | |
| For further inform | nation concerning this matter, | please cali: | | | |
| Shannon Webb | | at (788 <u>) 991-4925</u> | | | |
| Nan | ne of Contact Person | Area Code & Daytime Tel | ephone Number | | |
| Enclosed is a che | ck for the following amount m | nade payable to the Florida Depart | ment of State: | | |
| ₩\$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | E \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| | ent Section | Street Address Amendment Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations Clifton Building | | | |
| Tallahass | ee, FL 32314 | 2661 Executive Center Circl Tallahassee, FL 32301 | c | | |

HIZ 000141829

Articles of Amendment to Articles of Incorporation

Δf

FILED 2012 MAY 30 PM 2

| | of | | 2012 MAY 30 | PM 2: |
|--|--|----------------------------------|---------------------|--------------------------|
| Rock Candy Miami, Inc. | | | 4~ | 1 n Z: 4 f |
| Rock Candy Miami, Inc. (Name of Corporation as cu | rrently filed with | the Florida Der | A OF State All Y | OF STATE |
| P08000090483 | | | - CHASSE | E. FLORIDA |
| (Document N | lumber of Corporat | ion (if known) | | - |
| Pursuant to the provisions of section 607.11 amendment(s) to its Articles of Incorporation | | tes, this <i>Floride</i> | Profit Corporat | ion adopts the following |
| A. If amending name, enter the new name | of the corporation | ni. | | |
| ROCKCANDY Leatherworks, Inc. | | | · | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " | the designation "C | orp," "Inc," or | "Co". A profes | sional corporation |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR. | | | | |
| | | | | - - |
| C. Enter new mailing address, if applical (Mailing address MAYBE A POST OF | ble: FICE HOX) | PO Box 14102 | 1 | |
| | | Coral Gables. | FL 33114 | |
| D. If amending the registered agent and/o new registered agent and/or the new re- | r registered office | address in Flo dress: | rida, enter the na | ume of the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Flor | ida street addre | 13) | |
| | | | , Florid | ta |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if char I hereby accept the appointment as registere | nning Registered A ed agent. I am fam | <u>sent:</u> iliar with and a | cept the obligation | nus of the position. |
| - | Signature of New | Registered Age | nt, (f changing | - |

Page 1 of 3

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 Name Address Type of Action DDA Ø C) Remove ☐ Add ☐ Remove D 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)

Page 2 of 3

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| The date of each amendment | (date of adoption is required) |
|---|---|
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The emendment(s) was/we by the shareholders was/w | re adopted by the chareholders. The number of votes cast for the smeadquent(s) are sufficient for approval. |
| | so approved by the sharebolders through voting groups. The following statemen if for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the assendment(s) wow/wore sufficient for approval |
| ру | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the beard of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the imorporators without shareholder action and sinarcholder |
| scie | s director, president of older officer - if directors or officers have not been wind, by an incorporator - if in the hands of a receiver, trustee, or other court officed fiduciary by that Educiary) |
| | Shannon Webb (Typed or printed name of person signing) |
| | Pres. (Title of person signing) |

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