P10000018532

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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05/14/15--01006--008 **35.00

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	chic by Maggie Kennedy Inc			
DOCUMENT NUMBER: P10000	018532			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Maggie Kennedy Name of Contact Person Tres chic				
Firm/ Company				
9807	9807 Walzer CT Address			
Windermere, FL. 34786 City/ State and Zip Code				
Personalized beauty e yahoo (on E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	ase can.			
Name of Contact Person at (401) 421-0979 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Tres Chic	ny Maggie	Kennedy	Incl5 MAY II	, PM 3: 06
(Name of Corporation	as currently filed wit	<u>h the Florida Dep</u>	t. of State)	
	00018532			
(Documer	t Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida Pr</i>	ofit Corporation a	dopts the following an	nendment(s) to
A. If amending name, enter the new name of the corp	oration:			
			The	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A p	oany," or "incorpo rofessional corport	orated" or the abbre ation name must cont	viation ain the
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the nar	me of the	
Name of New Registered Agent				
			_	
 	(Florida street address)		
Non-Brainten J. Office Address.			Tlanida	
New Registered Office Address:	(City)		_, Florida(Zip Code	·)
			•	
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered agent. I d	m familiar with and a	ccept the obligation	is of the position.	
Signati	re 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)

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	VP	Marisol Villechalane	287 Wescliff Drive
_ X _ Add			Owee, FL. 34761
Remove			
2) Change	5	Nothalie Anaya	9807 Walzer CT
X Add		· ·	Windermere, FL.34786
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		····	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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provisions for impl	ovides for an exchange ementing the amendme le, indicate N/A)	reclassification, cent if not contained	er cancellation of is I in the amendmen	sued shares, t itself:	
			-		
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The date of each amendment(s) adoption:			, if other than the
date this document was signed.		9001	COT MARY OF STATIONS
Effective date if applicable: 5/10/2015	n 90 days after amend		
' (no more tha	n 90 days after amend	ment file date) 15	MAY 14 PM 3: 06
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records		g requirements, this date w	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes ca	ast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled			
"The number of votes cast for the amendment(s) was/	were sufficient for app	roval	
by(voting group)		,,	
(voting group)			
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholde	er action and shareholder	
The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder act	tion and shareholder	
Dated 5 10 2015			
Dated 5 10 2015 Signature Maga	Leauel	9	
(By a director, president or other of	officer - if directors or		
selected, by an incorporator - if in		er, trustee, or other court	
appointed fiduciary by that fiduciary	ıry)		
Hazai	a Konnod	J	
(Typed or print	ed name of person sign	ning)	
\cap	onel		
	tle of person signing)		,