## Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BEAD ME STORE, INC.

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Articles of Amendment to Articles of Incorporation of SECRETARY OF STATE TALLIAHASSEE, FLORIDAT

BEAD MI	E STORE, INC.		•
(Name of Corporation as curve	ntly filed with the Florida	Dept. of State)	
P100	000037354		
(Document Num	ber of Corporation (if know	n)	
Pursuant to the provisions of scotion 607.1006 amendment(s) to its Articles of Incorporation;	, Florida Statutes, this Flori	rida Profit Corporation si	lopts the followin
A. If amending name, enter the new name of	the cornoration:		
			The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	he word "corporation," " designation "Corp," "Inc," essional association," or th	company," or "incorpora or "Co". A professional e abbreviation "P.A."	ited" or the Corporation
B. Enter new principal office address, if appl	icahle:		
(Principal office address MUST BE A STREE	TADDRESS)		<del></del>
•			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			
	•	:	
			<del></del>
D. If amending the registered accat and/or re	teristand affice address in	Clarida anter the series of	
new registered agent and/or the new regis	tered office address:	riotius, emer the name o	. the
Name of Naw Registered Agent.	•		
THE DE THE NOTICE OF EXAM.		<del></del>	
New Registered Office Address:	(Plorida street ade	iress)	
-	·	. Florida	<u>.</u>
	(City)	(Zlp Code)	
New Registered Agent's Signature, if changin	g Registered Agent:	,	
hereby accept the appointment as registered ag	ent. I am familiar with and	accept the obligations of t	he position.
<u></u>	anches of New Pacietana	lases (falses)	

<u>Title</u>	Name	· Address	Type of Action
<u>VP</u>	LUISA TAYLOR	5708 SW 40 STREET MIAMI FL 33155	☑ Add ☐ Remove
<u> </u>	<u></u>		Add Remove
			Add
E. <u>If amen</u> (s <i>ttach a</i>	ding or adding additional Artic dditional sheets, if necessary).	cles, enter change(s) here: (Be specific)	;
PLEASE	CORRECT THE NAME FO	R THE PRESIDENT TO READ AS	FOLLOWS:
	. JIMENEZ	/	
			· · · · · · · · · · · · · · · · · · ·
	•		····
			<del></del>
provisi-	nendment provides for an exch ons for implementing the amen of applicable, indicate N/A)	nage, reclassification, or cancellation of description of the amending	of issued shares, entitleff:
provisi-	ons for implementing the amon	mpre, reclussification, or cancellation of description of the amending	of izened shares, ent itself:
provisi-	ons for implementing the amon	nare, reclussification, or cancellation of discussification of the amending	of issued shares, entitself:
<u>provisi</u>	ons for implementing the amon	nage, reclassification, or cancellation of description of the amending district and the amending	of issued shares, ent itself:

The date of each amendment(s)	adoption: 05-07-2010
	(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 amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	13
<b>(</b>	poting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_05-07-	2010
Signature	Maria J.
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	need fiduciary by that fiduciary)
_	MARIA A. JIMENEZ
	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)