## P10000052490

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## **COVER LETTER**

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<b>TO:</b> Amendment Sect Division of Corp			ĸ
NAME OF CORPO	RATION: MI Petite B		
DOCUMENT NUM	<sub>BER:</sub> P1000005249	10	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ivelisse Hernand	ez	
		Name of Contact Person	n
	MI Petite Boutiqu	e	
		Firm/ Company	
	15532 SW 142 C	T	
	" · 'm' - '	Address	
	Miami, FL 33177		
		City/ State and Zip Cod	e
mir	petiteboutique@ya	ahoo com	
11114	. — .	sed for future annual report	notification)
	`		
For further informatio	n concerning this matter, pleas	se call:	
Monica Pere	Z	at ( <b>786</b>	877-8548
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	navable 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)
	ling Address	Street	Address
	endment Section		ment Section
	sion of Corporations Box 6327		on of Corporations
	ahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida Dept. of State)	. /
P10000052490		13/2
(Document Number of Corporation (	(if known)	<del></del> (3
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation ado	pts the following amenda
A. If amending name, enter the new name of the corporation:		
NA		The ne
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIH	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		of the
Name of New Registered Agent VIT		
El., i.l.,	reet address)	
nli A-	reei aaaress)	
New Registered Office Address: N   T (City,	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	: with and accept the obligations (	f the position
1 ^	-	, ,
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)

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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VD	Ivelisse Hernandez	15532 SW 142 CT
Add			Miami, FL 33177
Remove			
2) Change	S	Isette Hernandez	2535 SW 142 CT
X Add			Miami, FL 33175
Remove			
3)Change	T	Janette Molina-Rivas	16478 SW 52 St.
X Add			Miami, FL 33185
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·

	ending or adding additional Artic h additional sheets, if necessary).	(Be specific)
.=	NIA	
	•	
<u>.</u>		
	<del></del>	
If an a	amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
prov (	(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
1	NA	

The date of each amendment(s	) adoption: 02/04/2013
Effective date <u>if applicable</u> : _	(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 east for the amendment(s) e 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	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 02/04	4/2013
Signature	Odno
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Ivelisse Hernandez
	(Typed or printed name of person signing)
	Vice President, Director
	(Title of person signing)