P1000055160

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(D	ocument Number)			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

17. ZAMEN.

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Odalis Soto Sculptor, Inc. DOCUMENT NUMBER: P10000055160 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Odalis Soto** Name of Contact Person Firm/ Company 1285 W 77 Street Address Hialeah, Florida 33014 City/ State and Zip Code odalissoto@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Odalis Soto** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Odalis Soto Sculptor, Inc.			
(Name of Corporation as currently filed with the Fl	orida Dept. of State)		
P10000055160			
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this / its Articles of Incorporation:	Florida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
Sunny Side Up Threads, Inc.			The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Ca.," or the designation "Corp," "Inc," or "Coword "chartered," "professional Association," or the abbreviation "I	Co".	rated" or the al tion name must t	bbreviation contain the
B. Enter new principal office address, if applicable:	1285 W 77 Street		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialeah, Florida 330	14	
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(maning addition maning and maning addition ma		· · · · · · · · · · · · · · · · · ·	•
			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the nam	e of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address.	. Florida		
(City)		(Zip Code)	•
Now Designated Asserts Signature if shousing Designated Asserts			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations	of the position.	
		2014 2016 2016	na britisma de
Signature of New Registered A	gent, if changing		a segmentors
		ASSET 15	A STATE OF THE STA
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•		85 ts	* No. of

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 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 PT John Doe X Remove Y Mike Jones X Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> Name (Check One) Change Add Remove Change Add Remove Change Remove Change Add Remove Change Add Remove Change

Add

Remove

uttach <i>additie</i>	or adding additional Articles, enter change(s) here: Onal sheets, if necessary). (Be specific)	
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		- 4· · ·
 		
an amendr	nent provides for an exchange, reclassification, or cancellation of issued st	nares.
provisions fo	or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
Effective data if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The tollowing statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 1, 2014	
Signature Odalin Soto	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Odalis Soto	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_