## P10000099794

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF BIMIE

1. Lewis

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LUCY'S BAZAR BRAZIL INC.  DOCUMENT NUMBER: P10000099794							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corresp	oondence concerning this mat	ter to the following:					
	RUBEN D. TORC						
-	Name of Contact Person						
RUBEN TORO P.A.							
-		Firm/ Company					
	7901 KINGSPOINTE PKWY STE. 31						
-		Address	·				
_	ORLANDO FL 32	2819					
		City/ State and Zip Code	2				
rube	encpa@bellsouth	.net					
		sed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
RUBEN D. TORO <u>at (407</u> ) 370-6445							
Name o	Name of Contact Person Area Code & Daytime Telephone Nu						
Enclosed is a check for the following amount made payable to the Florida Department 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)				
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					

## Articles of Amendment to Articles of Incorporation of



14 SEP -2 PM 12: 35

LUCY'S BAZAR BRAZIL INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P10000099794	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	lment(s) to
A. If amending name, enter the new name of the corporation:	
	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	tion the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(Elly)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
- novely weeks me appointment as registered agent. I am juntitut with and accept the obligations of the position.	
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)

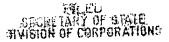
Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vicc \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPST	JOSE L. VOLPATO	1083 S. HIAWASSEE RD.
Add			APT. 628
Remove		•	ORLANDO FL 32835
2) Change	DPST	MILENA VOLPATO	5313 DOVE TREE ST.
Add			ORLANDO FL 32811
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		·	<u></u>
Remove		·	
5) Change			
Add			
Remove			Wife and the second sec
6) Change			·
Add			
Remove			

	or adding addit onal sheets, if ne	cessary). (Be	z specific)			
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f an amandm	nem provides n	o the amenday	ent if not contai	ned in the amen	dment itself:	<u>5,</u>
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<u>provisions fo</u>	<u>or implementing</u>	tie N/A)				



The date of each amendment(s) add	option: 08/26/2014	HAISION OF C		_, if other than the
date this document was signed.		14 SEP -2	PM 12: 35	
Effective date if applicable:				_
	(no more than 90 day	ys after amendment file date	2)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were adop by the shareholders was/were suff		nber of votes cast for the am	endment(s)	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through ach voting group entitled to vote			
"The number of votes cast for	or the amendment(s) was/were suf	ficient for approval		
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)			
The amendment(s) was/were adop action was not required.	ted by the board of directors with	out shareholder action and s	shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without s	hareholder action and share	holder	
Dated_08/26/20	14			
selected,	ector president or other officer – by an incorporator – if in the han d fiduciary by that fiduciary)			_
<u>.</u>	lose L. Volpato			_
	(Typed or printe	d name of person signing)		
F	President			_
	(Title of	person signing)		-