P110000006166

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF SIATE

Amend

18 rawn 10-12-11

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DESIGN	IS BY JANA TI	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: PHODO	06166	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Toy F Name	of Contact Person	-
F	COMES BY JANA	
111 49	Address	
City/	es Beach FU State and Zip Code	-34217
E-mail address: (to be used for	i GN BY JANA (a) Or future annual report notification	mail.com
For further information concerning this matter, ple	ase call:	
Toy Williams Name of Contact Person	at (313) <u>625-</u> Area Code & Daytime Tel	8442 ephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\text{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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



July 7, 2011

JANA E WILLIAMS DESIGNS BY JANA INC. 410 S ARMENIA AVE UNIT 922 TAMPA, FL 33609

SUBJECT: DESIGNS BY JANA INC.

Ref. Number: P11000006166

We have received your document for DESIGNS BY JANA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 111A00016204

Articles of Amendment

	Articles of Incorporation	n A	
•	of	a Dept. of State AHASSE OF STATE	
	>	- OCT	0
(Name of Corporation as curre	By JANA I	-NL Section Alice	
· · · · · · · · · · · · · · · · · · ·		a Dept. of State) (A/A/A/A)	1
Phoood	ماما اما	TOSEFOR'S E	46
	ber of Corporation (if know	wn)	
		$\mathcal{O}_{\mathcal{A}}$	
result to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Fl</i>	forida Profit Corporation adopts the fo	llowin
If amending name, enter the new name of	f the corporation:		
		The nev	w
ume must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the time must contain the word "chartered," "proj	designation "Corp," "Inc,	," or "Co". A professional corporation	
Enter new principal office address, if app	licable:		
rincipal office address <u>MUST BE A STREE</u>			
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			
. If amending the registered agent and/or r	egistered office address in	Florida, enter the name of the	
new registered agent and/or the new regis			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
	(2 13/13/27/27/27/27		
		, Florida (Zip Code)	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changin	ng Dogistored Agents		
nereby accept the appointment as registered a		nd accept the obligations of the position.	
and the second of the second o	o 1 w, w	22.22 226	
S	ignature of New Registered	l 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)

<u>Title</u>	Name	Address	Type of Action
25 DENT	JANA Williams	4105 ARMENIA Ave UNIT 922 TAMPA, FL 33609	Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
provisions	ndment provides for an exchange, recl for implementing the amendment if n applicable, indicate N/A)		

The date of each amendment	(s) adoption: MARCH 1, 2011
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
1	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	,"
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
sele	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)
	(Typed or printed name of person signing) (Title of person signing)