P11000021137

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(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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Th 5-4-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	THE BELT SHOPPE II	NC
DOCUMENT NU	MBER:	P11000021137	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		JAN LEVINE	
	N	lame of Contact Person	
	THE	BELT SHOPPE INC.	
		Firm/ Company	
	3410 GALT OCEAN DRIVE APT 704N		
		Address	
	FORT LAU	DERDALE, FLORIDA 33308	
	C	ity/ State and Zip Code	
	Jan Levine 2 E-mail address: (to be use	d for future annual report notification)	<u> </u>
For further informa	ation concerning this matter,	please call:	
	JAN LEVINE	at (516) 3	22-7434
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation	
of	11 APR 28 PM
ELT SHOPPE ING	- 18 PM 12: 41
rrently filed with the Fiorida Dept. o	f State
1000021137	STATE STATE

THE BE

(Name of Corporation as cur

(Document Number of Corporation (if known)

provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following

amendment(s) to its Articles of Incorporation:	00, Florida Statutes, tilis Florida Froja Corporation adopts the folio
A. If amending name, enter the new name of	of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "incorporated" or the ne designation "Corp," "Inc," or "Co". A professional corporation rofessional association," or the abbreviation "P.A."
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.	' <u>e:</u>
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida (City) (Zip Code)
	ging Registered Agent: agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
- 			Add Remove
			☐ Add☐ Remove
	nding or adding additional Articles additional sheets, if necessary). (E		
provis	nmendment provides for an exchangions for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: 425 [[
	(date of adoption is required)
Effective date if applicable:	4
	(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	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 c	ast for the amendment(s) was/were sufficient for approval
by	
- ((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	4/25/11
Signature	Jan Lovine
(Ву а	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	JAN LEVINE
	(Typed or printed name of person signing)
	(1) ped of printed figure of person signing)
	PRESIDENT
	(Title of person signing)