Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000139720 3)))



H180001397203ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

MAY 0.4 5018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TAILORING AND ALTERATIONS ROSIE P INC

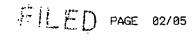
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

LAZARUS CORPORATE



18 HAY -4 AM 8: 44

SECTE LARY SESTATE LANGUES FLORIDA

Articles of Amendment Articles of Incorporation of

TAILORIN	ig & alterations rosie P inc	
(Name of Corpora	tion as currently filed with the Florid	a Dept. of State)
	P11000026693	
(Docu	unent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
ROSI PEREZ SEAMSTRESS-TAILORING INC		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Coryword "chartered," "professional association," or the	p," "Inc," or "Co". A professional c e abbreviation "P.A."	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DREST)	
C. Enter new malting address, if applicable: (Mailing address MAYBEA POST OFFICE Be	QX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	d office address;	he name of the
***************************************	(Florida street address)	
New Registered Office Address:		, Florida
The state of the s	(Clty)	(Zip Code)
Now Registered Agent's Signature, If changing Re I hereby accept the appointment as registered agent.		igations of the position.
Cia	mature of New Registered Agent if char	nging

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 = Prasident; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustae; 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 mainner. Currently John Doe is listed as the PSI 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	<u>PT</u>	John Do	<u>.</u>		•
X Remove	¥	Mike Jo	oes		
_X Add	<u>v2</u>	Sally Str	olth		
Type of Action (Check One)	Title		Name		Address
1) Change		-	P. M. Carlotte, C.		
Add					
Remove					***************************************
2) Change		_			
Add					
Remove					
3)Change		_			
Add	,				
Remove					
4) Change		_			
Add					
Remove					
5) Change		·-	•		
Add					
Remove				•	
6) Clange					
Add				•	
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	sies, enter change(s) here: (Ba specific)
	·
· · · · · · · · · · · · · · · · · · ·	
	,
	· · · · · · · · · · · · · · · · · · ·
if an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the autendment itself:

The date of each amendment(s) adopted this document was signed.	n;, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	·
Note: If the date inserted in this block document's effective date on the Depart	foes not need the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were suffice	by the shareholders. The number of votes east for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	e amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
The amendment(s) was/were adopte action was not required.	by the board of directors without shareholder action and shareholder .
The amendment(s) was/were adopte action was not required.	by the incorporators without shareholder action and shareholder
DatedS/	1 m
selected, b	r, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court tueiary by that fiduciary)
	ROSIRIS PEREZ
_	(Typed or printed name of person signing)
	PRESIDENT
	(Title of porson signing)