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R. WHITE

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: KOUKLA	KOUTURE INC	<u>)</u> .
DOCUMENT NUMB	er: 1100004	5871	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	,
Please return all corresp	ondence concerning this mat	tter to the following:	
-	JENNY	SKORDILIS  Name of Contact Person	
		Name of Confact 1 cison	•
_		Firm/ Company	<del></del>
-	P.O. box	547152	
	surfside	Address  PL 3315  City/ State and Zip Code	54
		City/ State and Zip Code	2
	jennygreek	cplace @gma	ul.com
***************************************		ed for future annual report	
For further information	concerning this matter, pleas	e call:	
Jenny SK	ordilis	at ( 305	, 989 - 5952
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis	ing Address adment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Kour	LA KOUTU	RE INC 15 00	T 22 ATH:	51
(Name of Co	orporation as currently	filed with the Florida	Dept. of State)	
	10000 458	71 TALLA		- 1 A
	(Document Number of	Corporation (if known)		
suant to the provisions of section 607.1006 Articles of Incorporation:	6, Florida Statutes, this I	Torida Profit Corporation	on adopts the fo	llowing amendment(s
If amending name, enter the new name	of the corporation:			
				The new
ne must be distinguishable and contain orp.," "Inc.," or Co.," or the designation d "chartered," "professional association,	n "Corp," "Inc," or "(	Co". A professional coi	corporated" or rporation name	the abbreviation must contain the
Enter new principal office address, if an incipal office address <u>MUST BE A STRE</u>				
				· · · · · · · · ·
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				
. <del></del>	<del></del>			
		<del></del>		
If amending the registered agent and/or new registered agent and/or the new re-			name of the	
Name of New Registered Agent		Skordilis		
Name of New Registered Agent		ding Avenue	)	<del></del>
	(Florida stre	et address)		<del></del>
New Registered Office Address:	Surfsio	L	. Florida	33154
TON AUGUST ON OTHER MAIN COS.		(City)	, 1 101144	(Zip Code)
w Registered Agent's Signature, if chang	aina Dogistopad Agants			
reby accept the appointment as registered		ith and accept the oblig	ations of the pos	sition.
A.	52			
<del></del>	Signature of New R	egistered Agent, if chang	ing	

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	PVT	Emmy Skordilis	9575 Harding Avenue Surfside FL 33154
Remove			
2) Change Add	<u> </u>	Emmy Skordilis	9533 Byron Avenuu Surfside FL 33154
Remove  3) Change	PVT	Pamela Skordilis	9575 Harding Avenu Surfside, FL 33154
Remove 4)ChangeAdd			
Remove			
5) Change Add			
Remove  6) Change			
Add			
Remove			

tach <i>additional she</i>		rticles, enter cha ). (Be specific)				
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an amendment pr	ovides for an ex	change, reclassif	ication, or canc	ellation of issue	l shares,	
rovisions for impl	ementing the an	nendment if not	contained in the	amendment itse	if:	
(if not applicabl	e, indicale N/A)					
		N/A				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	at(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature & SR DIVILLY	
(By a director, president or other officer – if directors or officers have not bee	n ·
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
Fmmy Skeldilis	
(Typed of printed name of person signing)	
President	
(Title of person signing)	