P11000013036

(Re	questor's Name)	<u></u>
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	ocument Number)	
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: MNA'S INSIDE DESIGN CORP. DOCUMENT NUMBER: P11000073036						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MICHELEARELLANOGO MAIL COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Michele Areliano at 305, 432-3680						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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L'AUM	INSIDE	DESIGN	CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000073036

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

its Articles of Incorporation:				
A. If amending name, enter the new na	me of the corporation:			
The Wanderlik	t Bazaar	Corp.	7	The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corp	orporated" or the abb	reviation
B. Enter new principal office address, (Principal office address MUST BE A ST		NIA		
C. Enter new mailing address, if appli		N / A	37 CEO	30
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	NIA	2 2 E	
				5_1
			i di el	3 7 7
D. If amending the registered agent an	d/or registered office addı	ress in Florida, enter the	name of the	
new registered agent and/or the new				<u></u>
Name of New Registered Agent	N/A			
	(Florida str	eet address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Cod	de)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			ions of the position.	
N/A	G: 433		 	
	Signature of New R	egistered Agent, if changii	ıg	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change					
Add					
Remove					
2) Change		<u> </u>			- <u></u>
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change					
Add		_			
Remove					
5) Change					
Add		_			
Remove					
6) Change		_			
Add					
Remove					

Attach add	i <mark>g or adding add</mark> litional sheets, if r	<mark>itional Article</mark> necessary). (s, enter chang Be specific)	e(s) here:			
MA	•						
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f an amen	dment provides s for implementi	for an exchan	ge, reclassifica	tion, or cancel	lation of issued :	shares,	
provisions (if not	<mark>s for implementi</mark> t applicable, indic	ng the amendi	ment if not co	ntained in the a	mendment itself	<u>t:</u>	
=	appricable, mare						
V/A							
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		<u> </u>					
	 						
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date this document was signed.	
Effective date if applicable: N/A (no more than 90 days after amendment file date)	
(no more than 50 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/04/14	
Signature Michalo Alla Mo	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
MICHEL Arellano (Typed or printed name of person signing)	
President	
(Title of person signing)	