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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Your Wedding Co	mpany, lnc.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMB	ER: P11000086233		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	Pamela Fuit		
-		Name of Contact Person	1
•	Your Wedding Company, Inc	:.	
-		Firm/ Company	
8	355 Pine Forest Trail West		
-		Address	
i	Ort Orange, FL 32127		
-	·	City/ State and Zip Code	6
pam@	yourfloridabeachwedding.co	m	/
<u>-</u>	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Pamela M. Fuit		at (³⁸⁶	235-1549
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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 P.O. I	ng Address adment Section ion of Corporations 30x 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec. FL 32301

Articles of Amendment to Articles of Incorporation of

Your Wedding Company, Inc.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P11000086233	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Your Florida Beach Wedding, Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED AND SEE FLORID AND SEE
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	lress in Florida, enter the name of the
NIA	
New Registered Office Address: New Registered Office Address:	reet address) Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered 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)

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	NIA	
Add		
Remove	Λ	
2) Change	$\mathcal{A} / \mathcal{A}$	
Add	·	
Remove	.1	· · · · · · · · · · · · · · · · · · ·
3) Change	_N A	
A d d	!	
Remove	1	
4) Change	N A	
Add		
Remove	į	
5) Change	_N A	
Add	1	
Remove		
6) Change	NA	
Add		
Remove		

If amending or a (Attach additional	ding additional Articles, enter chan the chance if necessary). (Be specific)	ge(s) here:	
	NIA		•
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	****		· · · · · · · · · · · · · · · · · · ·
			
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			·
<u>l an amendment</u> provisions <u>for i</u> t	provides for an exchange, reclassific plementing the amendment if not co	ation, or cancellation of issued intained in the amendment itse	shares. lf:
(if not applie	ible, indicate N/A)		
	NIA		
		•	
			

The date of each amendment(s) adoption: NA
date this document was signed.
Effective date if applicable: N A
(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 date will not be listed as the document's effective date on the Department of State's records.
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)
(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.
02/06/2017 Dated
Signature Panela M Lint
(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)
Pamela M. Fuit
(Typed or printed name of person signing)
President
(Title of person signing)

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