12000002730

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T. ROBERTS

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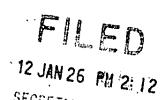
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE CUT F	ACTORY, INC.	
DOCUMENT NUMI	BER: P1200000273	0	
	of Amendment and fee are su		
Please return all corre	spondence concerning this mat	ter to the following:	
	MYRIAM K. LOU	IS, ESQ.	
		Name of Contact Persor	
	LERMAN & WHIT	TEBOOK, P.A.	
		Firm/ Company	
	2611 HOLLYWOOD BOULEVARD		
	Address		
	HOLLYWOOD, F	LORIDA 33020	
		City/ State and Zip Code	;
MY	RIAM@LWLAWF	LA COM	
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
MYRIAM K. I	LOUIS, ESQ.	at (954	922-2811
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	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	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional C	opy is enclosed)
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	ling Address endment Section		Address ment Section
	sion of Corporations		n of Corporations
	Box 6327		Building
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301



Articles of Amendment to **Articles of Incorporation**



THE CUT FACTORY, INC.

T FACTORY, INC.

SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State) AHASSEE FLORIDA

P12000002730 (Document Number of Corporation (if known)

nent(s) to

A. If amending name, enter the new name of th	ne corporation:		
A. If amending name, enter the new name of the	·		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ı Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street ad	dress)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		nd accept the obligations	s of the position.

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 Joh	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	<u>PD</u>	DEJON L. GEORGE	4072 N.W. 90TH AVENUE SUNRISE, FLORIDA 33351
2) X Change Add Remove	<u>VD</u>	DIEGO AGUIAR	115 N.E. 3RD AVENUE, #304 FORT LAUDERDALE, FLORID 33301
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
-:	
	- · · · · · · · · · · · · · · · · · · ·
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·	
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
, , , , , , , , , , , , , , , , , , , ,	
<u> </u>	

The date of each amendment(s) adoption: <u>JANUARY</u> 10, 2012 **JANUARY 10, 2012** Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. Signature (By a director/president or other officer - if directors or officers have not been selected, by ap incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Myriam K. Louis, Esquire (Typed or printed name of person signing) **Authorized Representative** (Title of person signing)