P12000012113

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000244375010

02/05/13--01028--005 **35.00

SICRETARY OF STAIL ONE OIVISION OF DOSEDORALIONS

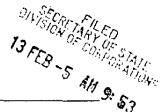
Amend Hame To 2/1/13

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: DESIGNE | D FOR LUXURY | , INC |
|-------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM | BER: P1200001266 | 3 | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | Nirali Jivan | | |
| | | Name of Contact Person | 1 |
| | Designed for Lux | ury, Inc | |
| | | Firm/ Company | |
| | 9079 Heritage Ba | ay Cir | |
| | · | Address | · |
| | Orlando, FL 3283 | 36 | |
| | | City/ State and Zip Code | • |
| | | | |
| | P 9 11 6 1 | 10.0 | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, pleas | se call: | |
| Nirali Jivan | | at (321 | , 2784260 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment 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) |
| An Div P.C | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle |
| • | | Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of



DESIGNED FOR LUXURY, INC

| BEGIONED I ON EGNOTTI, INC | ** 9 | · ^ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------|
| (Name of Corporation as currently filed v | with the Florida Dept. of State) | & 3 |
| P12000012663 | | |
| (Document Number of Corp | poration (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | tutes, this Florida Profit Corporation adopts the following a | mendment(s) to |
| A. If amending name, enter the new name of the corpor | ration: | |
| Shimmer & Shine Boutique, Inc | 77 | he new |
| name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr | corporation," "company," or "incorporated" or the abbr Inc," or "Co". A professional corporation name must cor | eviation |
| B. Enter new principal office address, if applicable: | 2230 W Old US Hwy 441 | |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | Mt. Dora, FL 32757 | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2230 W Old US Hwy 441 | |
| | Mt. Dora, FL 32757 | |
| | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | |
| Name of New Registered Agent IN/A | | |
| | (Florida street address) | |
| New Registered Office Address: N/A | , | |
| New Registerea Office Address: | (City) , Florida (Zip Code) | |
| | | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | red Agent: I familiar with and accept the obligations of the position. | |
| | | |
| Signature of New Re | egistered 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.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|--------------|-----------------------|
| X Remove | <u>v</u> | Mike Jones | , |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | V | Mitesh Jivan | 2230 W Old US Hwy 441 |
| X Add | | | Mt. Dora, FL 32757 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Article (Attach additional sheets, if necessary). | (Be specific) |
|------------------------------------------------------------------------------------|------------------------------------------------------------|
| | (== ~p==grv) |
| /A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | • |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 16 | |
| if an amendment provides for an exchi | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| | |
| /A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) adop | otion: 1/1/2013 |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. |
| | ved by the shareholders through voting groups. The following statement sich 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 action was not required. | ed by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder |
| Dated 1/25/20 | 13 |
| selected, 1 | otor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| N | lirali Jivan |
| | (Typed or printed name of person signing) |
| F |) |
| | (Title of person signing) |