P12000034045

(Re	equestor's Name)	
(Ac	ldress)	
: (Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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300236491783

06/28/12--01025--018 **43.78



Amend (CUS) 10.29.12

COVER LETTER

TO: Amendment Section Division of Corporations :

NAME OF CORPORATION: D & S SEC	COND HAND ST	ORE CORP
DOCUMENT NUMBER: H120000923	47	
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this m	atter to the following:	
LINFORD CODE	ING	
	Name of Contact Person	1
WINKA SERVIC	ES LLC	
40740 004 407	Firm/ Company	
18710 SW 107 A	AVE #11	
CUTLER BAY F	Address L 33157	
	City/ State and Zip Cod	e
winkaservice@como	cast.net	
-	used for future annual report	notification)
For further information concerning this matter, please. Linford Codling	ase call:	. 224-9344
Name of Contact Person	at (de & Daytime Telephone Number
Enclosed is a check for the following amount made		•
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



D & S SECOND HAND STORE CORP.

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

H12000002247

(Document Numbe	of Corporation (if known)	
· ·	•	
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	ida Statutes, this Florida Profit Cor	rporation adopts the following amendr
A. If amending name, enter the new name of th	corporation:	
N/A		The ne
came must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "Coord" chartered," "professional association," or	orp," "Inc," or "Co". A professio	
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A		
E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>Box</u>)) P
If amending the registered agent and/or reg new registered agent and/or the new registe		nter the name of the
Name of New Registered Agent	NA	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age.	Registered Agent:	, ,
	•	- • •
Signature o	New 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.

Example: <u>X</u> Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add _X Remove	VICE PR	DILUVINA T LÉWKOWICZ	18710 SW 107 AVE UNIT 29 CUTLER BAY FL 33157
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If and atte	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
	·
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	· · · · · · · · · · · · · · · · · · ·
<u>.</u>	
lf a pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	<u> </u>
	10/

The date of each amendment(s) a	adoption: 04/23/2012
Effective date if applicable:	1/23/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 04/23	/2012
Signature(By a	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SARA HATEM
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)