## P12-000047652

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
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C. CARROTHIZAGE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TONIANN CArriere (Orp.)  DOCUMENT NUMBER: P12000047652
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tonian Carriere  Name of Contact Person
Toniann Carriere Corp.
P.O. BUX 780525
maspeth, NY 11378
City/ State and Zip Code  booking wtoniano Carriere. Compensation  E-mail address: (to be used followare annual report notification)
For further information concerning this matter, please call:
Toni and Carriere at 347 969 - 7977  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

Mailing Address
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 Incorpora	ntion			
Toniann (	OYCIEY tion as currently filed	2 (Or P	) . )		
(Name of Corpora	NATION AS CUFFERITY IIIEG	with the Florida Del	or, of State		
PILOU	UUT / U D iment Number of Corpo	erstion (if known)			
	-				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation	adopts the follow	ing amend	iment(s) to
A. If amending name, enter the new name of the					
tonianns	('ompa	any,		The n	new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co".			abbreviat	tion
B. Enter new principal office address, if applicab					_
(Principal office address <u>MUST BE A STREET AD</u>	<u>'DRESS</u> ')			*	~
				FERR	
		· · · · · · · · · · · · · · · · · · ·		751 <b>%</b> 2011	- <b>&amp;</b>
C. Enter new mailing address, if applicable:				が影	1
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u> )			<u>:</u>	- <u>-</u>
					_ <b>≟</b>
				25	Ö.
				Park Elling	
D. If amending the registered agent and/or registered agent and/or the new registered		Florida, enter the na	me of the		
new registered agent and/or the new registered	a villet additess.				
Name of New Registered Agent				<del>_</del>	
	(Florida street addi	ress)			
New Registered Office Address:			_, Florida		
	(City)		(Zi	ip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		d accept the obligatio	ns of the position	1.	
Sig	gnature of New Register	ed 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	<u>s</u>	
X Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	N	ame	Address
1) Change				
Add				
Remove				
2) Change	<del></del>			
Add				
Remove				
3) Change		<u> </u>		
Add				<u> </u>
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	,
6	ange, reclassification, or cancellation of issued shares,
i an amenument provides for an exch	
provisions for implementing the amer	ndment if not contained in the amendment itself:
i an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
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provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: _	7/	27/	16	, if other than th
date this document was signed.  Effective date if applicable:	7 (no more the	27 ] an 90 days aft	er amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of			tory filing require	ments, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The number of	of votes cast for the	: amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin				
"The number of votes cast for the ame	endment(s) was	were sufficier	nt for approval	
by	oting group)		,,,	
The amendment(s) was/were adopted by the action was not required.	e board of direc			
The amendment(s) was/were adopted by the action was not required.	e incorporators	without sharel	nolder action and s	hareholder
Dated 7 2 7 Signature (By a director, pre	corporator – if i	n the hands of	ectors or officers has receiver, trustee	
T(	MI Qn (Typed or prin	ted name of p	Y FICE erson signing)	<u>e</u>
<del></del>	0W <u>r</u>	itle of person	signing)	