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## **COVER LETTER**

IO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Style Inc. DOCUMENT NUMBER: P12000051430 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Silvia R. Navarrete Name of Contact Person American Style Inc Firm/ Company 8650 SW 67th Ave # 1037 Address Miami, Florida 33143 City/ State and Zip Code unitedsolutionsgrp@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Silvia R. Navarrete Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Incorporation of

## FILED 2015 MAR 12 PM 3: 09

American Style I	Inc
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(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

P12000051430				
(Docume	ent Number of Corporation	(if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation ado	pts the following :	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and coi "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	ited" or the abb on name must co	
B. Enter new principal office address (Principal office address <u>MUST BE A.S</u>		Miami, Florida	···	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)  D. If amending the registered agent a	OFFICE BOX) nd/or registered office ad	dress in Florida, enter the name	of the	
new registered agent and/or the ne	Silvia R. Navarro			
<u>Name of New Registered Agent</u>	8650 SW 67			
New Registered Office Address:	Miami	, Florida 3	3143	
	(Cit	ν)	(Zip Code)	
New Registered Agent's Signature, if a large language of the appointment as registered.	gered agent. I am familiai w Uuw	r with and accept the obligations o	of the position.	
S	ignature of Wew Registered	l 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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
(1) Change	Р	Javier Navarrete	10850 SW 145th PI
Add			Miami, Florida 33186
Remove			<del></del>
2) Change	Р	Silvia Navarrete	8650 SW 67th. Ave # 1037
Add			Miami, Florida 33143
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	***************************************		
Add			
Remove			<del> </del>
6) Change			
Add			
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
	<del></del>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and and itself:

The date of each amendment(s) adoption: March 1st., 2015	, if other than the
date this document was signed.	
Effective date if applicable: March 1st., 2015	
(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	
by	
(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.	
Dated March 1st. 2015	
Signature Nave	
(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)	
Javier Navarrete	
(Typed or printed name of person signing)	
President	
(Title of person signing)	