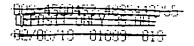
## P120000 56200

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY F 1266

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: MES AMIS CHI	LDREN GARMENTS, INC	C		
DOCUMENT NUM	D12000056200			_	
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.			
Please return all con	respondence concerning this m	atter to the following:			
	PAUL F. SCHNEIDER				
		Name of Contact Perso	on	三	2019
	SCHNEIDER & ASSOCIA	TES OF SOUTH FLORID	A LLC	(m) (-1)	19 F
	<del></del>	Firm/ Company	<del></del>	—— <del>;</del> 1~.	8
	150 SOUTH UNIVERSITY			(S)	5
		Address			•
	PLANTATION, FL 33324			五 こ・・	$\nearrow$
		City/ State and Zip Cod	ie	<u></u>	i. ù∵
70.41	II Gecinicipes (cooc.co			5-	ō
PAU	JL@SCHNEIDERASSOC.CC			_	
	E-man address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
PAUL F SCHNEIDI	ER	at (	474-8889		
Name	of Contact Person	Area Co	de & Daytime Telephone Ni	ımber	
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)		
	iling Address	Street	Address		
	Amendment Section Amendment Section				
	rision of Corporations  1. Box 6327		n of Corporations		
	lahassee, FL 32314		Building xecutive Center Circle		
741		2001 E	ACCULIVE CEITICE CIFCIE		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	tly filed with the Florida Dept. of State)
P12000056200	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MES AMIS, INC.	The
name must be distinguishable and contain the word "corporatio "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-//A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11/Am / FC 33/ 73 > 17
) If amonding the project and according to	5.5 5.5 A
<ol> <li>If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address;</li> </ol>	<u>'ess in Florida, enter the name of the</u>
Name of New Registered Agent	
(Floridu stre	rei address)
	r) - t
New Registered Office Address:	, Florida

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:

 $P ext{ = President; } V ext{ = Vice President; } T ext{ = Treasurer; } S ext{ = Secretary: } D ext{ = Director: } TR ext{ = Trustee; } C ext{ = Chairman or Clerk; } CEO ext{ = Chief } Executive Officer; } CFO ext{ = Chief Financial Officer. } If an officer director holds more than one title, list the first letter of each office held. } President, Treasurer, Director would be PTD.$ 

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

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add	$\wedge \setminus A$	<del> </del>
Remove		
2) Change		
Add		7A 2
Remove		ALL ANNA
3 ) Change		ASSET OF
Add		
Remove		5, 2
4) Change	<del></del>	55
Add		
Remove		
5) Change		
Add		
Remove		
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Add		
Remove		

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		0 b
mendment provi	des for an exchange, reclassification, or cancella	Alon of insurability
sions for implem if not applicable,	enting the amendment if not contained in the am	endment itself:
y not applicable,	naicae (171)	
	NA	

	01/17/2019	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.  01/17/201  Dated  Signature	A SSECTION ASSECTION ASSEC	2019 FEB -b A
(By a c	irector, president or other officer – if directors or officers have not been	f
appoir	ted fiduciary by that fiduciary)	à.
	LYDIA DOPICO	<u>a-</u>
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	