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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAMUEL S	ABAG FASHIO	N INC
DOCUMENT NUMBER: P1200005871	1	<u> </u>
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	iter to the following:	
SHIMON SABAG		
	Name of Contact Person	n
SAMUEL SABAG	FASHION INC	
	Firm/ Company	
10630 NW 632NI	O CT	
	Address	
SUNRISE, FL 333	351	
	City/ State and Zip Cod	e
JAKETAX@AOL.CO		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
SHIMON SABAG	at (863	, 325-5816
Name of Contact Person	· Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \text{\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle

Articles of Amendment

Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SAMUEL SABAG FASHION INC

12 AUG 20 PM 4: 40

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

P12000058711	currency med with the Pior	·	
(Documer	nt Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation a	adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
		<u>. </u>	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	me of the
Name of New Registered Agent	SHIMON SABAG		_
· · · · · · · · · · · · · · · · · · ·	10603 NW 32ND	СТ	
	(Florida street	address)	
New Registered Office Address:	SUNRISE	, Florida	_a 33351
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent; tered agent. I afafamiliar with	h and accept the obligatio	ns of the position.
SIGN HERE	South Resident Assets	and if almost an	<u></u>

Signature of 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: 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>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	SAMUEL SABAG	10603 NW 32ND CT
Add			SUNRISE, FL 33351
X Remove			
2) Change	PRES	SHIMON SABAG	10603 NW 32ND CT
X Add			SUNRISE, FL 33351
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)		
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			<u>.</u>
	ngo realessification or so	ncellation of issued share	es,
an amendment provides for an exch	nge, reclassification, or ca	1 1 1 10	
rovisions for implementing the ame	dment if not contained in t	he amendment itself:	_
an amendment provides for an exchorovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in t	he amendment itself:	_
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an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in t	he amendment itself:	
provisions for implementing the amer	dment if not contained in t	he amendment itself:	

The date of each amendment(s) a	adoption: 08/14/2012
Effective date if applicable:	3/14/2012
· ·	(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.
	oproved by the shareholders through voting groups. The following statement are each 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)
	(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 08/14	/2012
Signature Signature	4//
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SHIMON SABAG
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)