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SECRETARY OF STATE

COVER LETTER

Division of Corporations Marjon's Nimble Needle Inc NAME OF CORPORATION: _ P12000090824 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Pollari
Name of Contact Person d vanu Francial Service
Firm/ Company Coral Ridge Drive L Springs TV 33065 City/ Stay and Zip Code E-mail address: (tobe used for future annual report notification) For further information concerning this matter, please call: Patricia Pollari at (954) 255-3848

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: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Marion's Nimble Needle Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000090824	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	3 amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	- n "Corp.," i the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2024 HAY 21 PH
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	5
Name of New Registered Agent	
(Florida street address)	•
New Registered Office Address: Florida	
(Zip C	'ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
Charle if annieable	

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
(
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	20 Si
	2024 HAY SECRETA
	AT 2
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	三宝 岩
K	

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)

Example:

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.

X Change	PT John Doe	
\underline{X} Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	YP Leo Sloane	Boca Raton, PL 3343
Add		Boca Raton, M 3343
Remove		
2) Change		S 25
Add		2024 H SECR T.A.
Remove 3) Change		TE TAY 2
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block of document's effective date on the Department.	loes not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted laction was not required.	by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the nt for approval.	e amendment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes east for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated X 5	13/2004 Lami Chi	202 S <u>E</u> (
(By a director selected, by a	r. president or other officer – if directors or officers han incorporator – if in the hands of a receiver, trustee luciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) Proided	PH H: 19

(Title of person signing)