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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Angel Bespoke				
DOCUMENT NUMBER: P12000093815				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Angel Ramos Name of Contact Person Angel Bespoke Firm/ Company 11501 Lakeside Drive 6309 Address Doral, Fl 33178 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Angel Ramos at (305) 798-5442 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment Articles of Incorporation

FILED

BESPOKE

OCT 23 AM 10:55

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P120000938	
(Document Number of Corporation (if ki	nown)
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> s Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s
a. If amending name, enter the new name of the corporation:	
N/A	The new
ame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co vord "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11501 Lakeside Drive
Principal office address <u>MUST BE A STREET ADDRESS</u>)	U309
	Doral FL 33178
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11501 Lakesido Drive
	6309
	DOYAL FL 33179
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
	-
(Florida street	address)
New Registered Office Address: (City)	, lorida
(5.9)	(ap cour)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
N) A	
Signature of New Registered Age	ent. 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
1)Change	Chief operating officer	11501 Lakes We Pr
Add	enter oferaning officer	<u> </u>
Remove		Doral, FL 33178
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amend	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
(: Ittaeii a	A \ \ A
	N/A
lf an an	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provisi	ions for implementing the amendment if not contained in the amendment itself:
(if	not applicable, indicate N/A)
	1)/A

The date of each amendment(s) adoption: 10 13 date this document was signed.	_, if other than the
Effective date if applicable: [0] 13 (no more than 90 days after amendment file date)	_
(no more than 90 days after amenament 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)	
(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 10/10/13	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected by an incomporator — if in the hands of a receiver, trustee, or other court appointed fiducially by that fiduciary)	
A	
(Typed or printed name of person signing)	_
Founder, CEO	
(Title of person signing)	