P130000004979

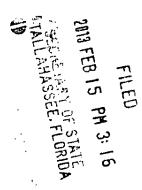
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MSTYLE CONCIERGE CORP DOCUMENT NUMBER: P13000004979 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **RENATA MONTEIRO** Name of Contact Person Firm/ Company 1451 S MIAMI AVE #605 Address MIAMI FL 33130 City/ State and Zip Code robrealtor@usa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENATA MONTEIRO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

FILED

(Name of Corporation as currently	filed with the Florida Dept	Wr State)	
P13000004979	n sta	MELHELISTY OF STATE	
(Document Number	of Corporation (if known)	LLAHASSEE LUMBA	
dursuant to the provisions of section 607.1006, Floring Articles of Incorporation:			owing amendmen
. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the ward corp.," "Inc.," or Co.," or the designation "Colvord "chartered," "professional association," or the	rp," "Inc," or "Co". A pro ne abbreviation "P.A."		
3. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET Al</u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
). If amending the registered agent and/or regist	tered office address in Flori	da, enter the name of the	
new registered agent and/or the new registere			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	e)
	egistered Agent:		
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.		ept the obligations of the posi	tion.

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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) X Change	Р		RENATA D MONTEIRO	1451 S MIAMI AVE #605		
Add				MIAMI FL 33130		
Remove						
2) X Change	VP		ROBSON C MONTEIRO	1451 S MIAMI AVE #605		
Add				MIAMI FL 33130		
Remove						
3) Change		_		-		
Add						
Remove						
4) Change						
Add						
Remove				···		
5) Change		_	ì.			
Add						
Remove						
6) Change						
Add		_				
Add				 		
VCIIIOAE						

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	•
provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: Inot applicable, indicate N/A)
· ··· · · · · · · · · · · · · · · · ·	
<u>.</u>	

The date of each amendment(s) adoption: 01/16/2013 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.			
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder			
Dated 01/16/2	2013			
Signature	irector, president or other officer – if directors or officers have not been			
selected	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)			
	RENATA D MONTEIRO			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			