## P13000056562

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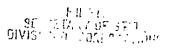
C LEWIS

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Blue Law	n Boutique, Inc.				
DOCUMENT NUMBER: P13000056562					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concernir	ng this matter to the following:				
Thu Tindall					
	Name of Contact Person				
Blue Lawn Boutiqu	e, Inc.				
	Firm/ Company				
3780 A Road					
**************************************	Address				
Loxahatchee, FL 3.	3470				
	City/ State and Zip Code				
greg@tindallcompany.com	n				
E-mail address	(to be used for future annual report notification)				
For further information concerning this ma	atter, please call:				
Greg Tindall	at (561 ) 795-1965				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Blue Lawn Boutique; Inc.	15 AUG 25 PM 2: 49
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P13000056562	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
	""corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	9
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
Man Projectioned Office Address:	Discide
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
i hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture 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.

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	<u>P</u>	Greg Tindall	3780 A Road
Add			Loxahatchee, FL 33470
X Remove			
2) Change	<u>s</u>	Greg Tindall	3780 A Road
X Add			Loxahatchee, FL 33470
Remove			
3) Change	P	Thu Tindall	3780 A Road
X Add			Loxahatchee, FL 33470
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets. if necessary).	(Be specific)
f an amandmant provides for an ava	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(t) not applicable, indicate N/A)	

August 22, 2015 The date of each amendment(s) adoption:	, if other than the
The date of each amendment(s) adoption:	
	DIVIS ON THE STATE OF
(no more than 90 days after an	nendment file date) 15 AUG 25 PM 2: 49
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	
by	,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
August 22, 2015 Dated	
Signature Signature	
(By a director, president or other officer – if director	rs or officers have not been
selected, by an incorporator - if in the hands of a rec	
appointed fiduciary by that fiduciary)	
Greg Tindall	
(Typed or printed name of person	n signing)
P	
(Title of person signi	ng)