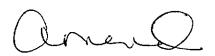
P130000676661

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sacross Entry Name)
(Document Number)
(Document Number)
Outford Outline
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

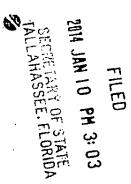
Office Use Only



900254590189



01/10/14--01023--002 **35.00



D/2/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMPY JEV DOCUMENT NUMBER: P1300006766		H REPAIRS INC				
The enclosed Articles of Amendment and fee are su	ibmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
ADRIANA G. DE	LGADO					
Name of Contact Person						
AMPY JEWELRY & WATCH REPAIRS INC						
Firm/ Company						
1019 SW 24TH AVENUE APT 2						
	Address					
FORT LAUDERE	DALE, FLORIDA	33312				
	City/ State and Zip Code					
ADRIANADELGADO	1970@YAHO	D.COM				
	sed for future annual report					
For further information concerning this matter, plea	se call:					
ADRIANA DELGADO	at (954	793-2888				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$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	Street	Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

FILED 2014 JAN 10 PM 3: 03

AMPY JEWELRY & WATCH REPAIRS INC

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

P13000067661

(Document Number of Corporation (if known)

ent(s) to

. If amending name, enter the new name of t	he corporation:	
		The r
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name muser the abbreviation "P.A."	abbreviat t contain
. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the	<u> </u>
. If amending the registered agent and/or renew registered agent and/or the new regist		<u> </u>
new registered agent and/or the new regist		
new registered agent and/or the new regist	(Florida street address)	_
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address)	
new registered ag ent and/or the new regist Name of New Registered Agent	(Florida street address) , Florida (City) (Zip Code)	

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:			, 45 47 744.	
X Change	PT	John Doe	2	
X Remove	<u>V</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	į	Name	Address
1) Change	VP		PEDRO L. HERNNDEZ GIL	1019 SW 24TH AVE #2
Add				FORT LAUD, FL 33312.
Remove				-
2) Change		 .		
Add				
Remove				
3) Change			<u></u>	
Add				·
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
[]				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an each	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 01/08/2014	, if other than the
date this document was signed.	
Effective date if applicable: 01/08/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
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 01/08/2014	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ADRIANA G. DELGADO	
(Typed or printed name of person signing)	—
PRESIDENT	
(Title of person signing)	