

P130000080261

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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STATE  
NOTARY PUBLIC  
2015 FEB 11 AM 9:40

Amend  
@ 2/16/15

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BEST SEAMSTRESS, INC.  
DOCUMENT NUMBER: P 13 0000 80 261

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLGA AMINOV  
Name of Contact Person  
BEST SEAMSTRESS, INC.  
Firm/ Company  
1932 EAST SUNRISE BLVD.  
Address  
FORT LAUDERDALE, FL 33304  
City/ State and Zip Code  
ZVEZDA5@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOPHIA VAGNINI, designee at 954 298-9800  
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:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$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  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2015

OLGA AMINOV  
BEST SEAMSTRESS, INC.  
1932 EAST SUNRISE BLVD  
FORT LAUDERDALE, FL 33304

SUBJECT: BEST SEAMSTRESS, INC.  
Ref. Number: P13000080261

We have received your document for BEST SEAMSTRESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 915A00002177

Articles of Amendment  
to  
Articles of Incorporation  
of

BEST SEAWISHERS, INC.

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

P13000080261

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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 abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1932 EAST SUNRISE Blvd.  
FORT LAUDERDALE  
FL 33304

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1932 EAST SUNRISE Blvd.  
FORT LAUDERDALE  
FL 33304

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:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_

(City)

Florida

(Zip Code)

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

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SECRETARY OF STATE  
DIVISION #1  
2015 FEB 11 AM 9:40

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      V      Mike Jones

X Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |           |                     |  |
|---|-----------|---------------------|--|
| 1) <input type="checkbox"/> Change            | <u>P</u>  | <u>IOSIF AMINOV</u> | <u>1530 S.E. 3<sup>RD</sup> STREET</u> |
| <input checked="" type="checkbox"/> Add       |           |                     | <u>ACQUINO BEACH,</u>                  |
| <input type="checkbox"/> Remove               |           |                     | <u>FL 33060.</u>                       |
| 2) <input checked="" type="checkbox"/> Change | <u>VP</u> | <u>OLGA AMINOV</u>  | <u>1930 EAST SUNRISE</u>               |
| <input type="checkbox"/> Add                  |           |                     | <u>BWLD, #5</u>                        |
| <input type="checkbox"/> Remove               |           |                     | <u>FORT LAUDERDALE,</u>                |
| 3) <input type="checkbox"/> Change            |           |                     | <u>P.L. 33304</u>                      |
| <input type="checkbox"/> Add                  |           |                     |  |
| <input type="checkbox"/> Remove               |           |                     |  |
| 4) <input type="checkbox"/> Change            |           |                     |  |
| <input type="checkbox"/> Add                  |           |                     |  |
| <input type="checkbox"/> Remove               |           |                     |  |
| 5) <input type="checkbox"/> Change            |           |                     |  |
| <input type="checkbox"/> Add                  |           |                     |  |
| <input type="checkbox"/> Remove               |           |                     |  |
| 6) <input type="checkbox"/> Change            |           |                     |  |
| <input type="checkbox"/> Add                  |           |                     |  |
| <input type="checkbox"/> Remove               |           |                     |  |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If 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)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 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)

☐ 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

01/26/2015

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)

OLGA AMINOV

(Typed or printed name of person signing)

PRESIDENT (AT THIS TIME,

(Title of person signing)

CHANGING TO VP)