P13000080549

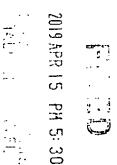
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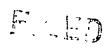
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BEST BEACH BOUTIQUE INC DOCUMENT NUMBER: P13000080549				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shelly Vandermeulen Name of Contact Person				
Name of Contact Person				
201 N. US HWY 1- 11n:+ D-1				
Jupiter, FL 33477 City/ State and Zip Code				
Shelly C STC SPORT CONTURE: COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shelly Vandermeulen at (561), 406-6450 Name of Contact Person Area Code & Daytime Telephone Number				
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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of



BEST BEACH	BOUTIQUE &	ORP INC	2019 APR 15 PM S	ະ ຈຸກ
(<u>Na</u>)	me of Corporation as curre	ntly filed with the Florid	a Dept. of State)	
	P1300008	0549	The Land Mark	en E
		r of Corporation (if known		
Pursuant to the provisions of section (its Articles of Incorporation:	507.1006, Florida Statutes, th	nis <i>Florida Profit Corpora</i>	tion adopts the following an	nendment(s) to
A. If amending name, enter the nev	w name of the corporation:			
SJC SPORT	COUTURE (LORP	77.	e new
name must be distinguishable and "Corp.," "Inc.," or Co.," or the deword "chartered," "professional asso	contain the word "corpora signation "Corp," "Inc." or ociation," or the abbreviation	tion," "company," or "i r "Co". A professional c	ncorporated" or the abbre	eviation
(Principal office address <u>MUST BE</u>	A STREET ADDRESS)	7-7		
C. Enter new mailing address, if a (Mailing address MAY BE A PO) D. If amending the registered agenter new registered agent and/or the	ST OFFICE BOX) t and/or registered office ac		ne name of the	
Name of New Registered Age	m N/A			
	(Florida	street address)		
New Registered Office Addre	and the same of th		, Florida	
New Negarered Office Addre	<u>53</u>	(City)	(Zip Code	•)
New Registered Agent's Signature, I hereby accept the appointment as re	if changing Registered Age gistered agent. I am familia N/A Signature of New	r with and accept the obli		
	Signature of New	v Registered Agent, if chan	ging	

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Ađd		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. <u>If ame</u>	nding or addin	ng additional Art	icles, enter ch	ange(s) here:			
(Attach		ets, if necessary).	(Be specific	,			
		NA					
		1					
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		· · · · · · · · · · · · · · · · · · ·				<u>.</u>	
If an a	mendment pro	vides for an excl	iange, reclass	ification, or c	ancellation of i	ssued shares.	
provis	ions for imple	menting the ame	ndment if not	contained in	the amendmer	t itself:	
(i)	not applicable	indicate N/A)					
		N/A		·- <u></u>			
		1.					
							
						- •	
_							_
						•	
							

The date of each amendment(s) adoption:		, if other than th
date this document was signed.	NA	
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block doc document's effective date on the Department		filing requirements, this date will not be listed as th
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for		tes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		
"The number of votes cast for the an	nendment(s) was/were sufficient for	approval
by		."
(voting group)	
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the action was not required.		
action was not required.	te meorporators without shareholde	a action and stratcholder
	11 /2019 Jun Cinuelle resident or other officer – if director	
	neorporator – if in the hands of a rec ary by that fiduciary)	ceiver, trustee, or other court
• •	Elly Vander Meu (Typed or printed name of person	isigning)
	CEO	
	(Title of person signi	ng)