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AUG 2 1 2015

C, CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: JUDY	3 BATH & BOUT 4712	TIQUE, INC
DOCUMENT NUMB	ER: 140000	4112	
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
.	MR I	AZARO J. ROD	PIGUES
	Name of Contact Person		
	JUDGS	BATH & BOWT	iaue, inc
	Firm/ Company		
_	1601 NW 7744 WAG		
	Address		
	PEN	IBNOKE PINES,	FL 33024
_		City/ State and Zip Code	<u> </u>
	LAZ	@ VAZASSOCIA	TES com
		ed for future annual report	
For further information	concerning this matter, pleas	e call:	
yzmo	J. RODRIGUEZ	at (954	534.5439
Name of	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327 Indianate of the section of	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

2015 AUG 19 AH 11:51

0	STORY TARY OF A
JUDYS BAT	H & BOUTIQUE, INC MASSES STATE
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P40000 1L	1712
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PEMIBROKE PINES, FL 33024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1601 NW 7746 WAY
	PEMBROKE PINES, FL-33024
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address: PEMBROKE PINES
(City)

Name of New 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

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 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>	Address
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

mending or adding additional Artical ach additional sheets. if necessary).	(Be specific)	
·	W. W. W.	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	idinent it not contained in the amendment (ise):	
,		
· ·		
	No. of the Arterior Control of the C	

The date of each amendment(s) adoption:	, if other than the
_	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
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.	
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)	
LAZATO J. RODPIQUEZ	
(Typed or printed name of person signing)	
PNESIDENT	
(Title of person signing)	