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orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number: 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

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COVER LETTER

TO: Amendment Section Division of Corporations

SIGNATURE INSPIRATIONS FLORIST AND DESIGNERS PLANNERS INC
CUMENT NUMBER: P14000023314
enclosed Articles of Amendment and fee are submitted for filing.
se return all correspondence concerning this matter to the following:
MERLENE ISAAC
Name of Contact Person
Pirm/ Company 8362 PINES BLVD STE 195
PEMBROKE PINES FL 33024
City/ State and Zip Code
INFO@SIGNATUREINSPIRATIONS.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERLENE ISAAC

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

S43.75 Filing Fee & Cartificate of Status

□\$43.75 Filing Fee & Cartified 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 Yellahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SIGNATURE INSPIRATIONS FLORIST AND DESIGNERS PLANNERS INC.

14 MAR 20 AM 8: 26

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P14000023314 (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: SIGNATURE INSPIRATIONS FLORIST AND EVENT PLANNERS INC 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

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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	PT	John Do	<u>o</u>		
X Remove	Y	Mike Jos	nės		
X Add	<u>sv</u>	Sally Sm	<u>vith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change					
Add.					
Remove					
2) Change		_		_	
Add					
Remove					
3) Change		_		_	
Add					
Ramove					
4) Change		_		_	
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change					
Add		_		_	
Remove					

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provisions for implementing the ame	hange, reclassification, or cancellation of issued thurse, endment if not contained in the amendment itself:	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amandment(s):	
"The number of votes cast	for the sunendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated MARCH	20, 2014	
Signature	Mac.	
(By a d	lirector, president or other officer - if directors or officers have not been	
appoin	of, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MERLENE ISAAC	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

14 HAR 20 AH 8: 26
SECRETARY OF STATE
ALLESSEE FROM

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