P14000043869

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ Mon Amie Boutiques, Inc. DOCUMENT NUMBER: P14000043869 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carl M. Stewart Name of Contact Person Taylor, Stewart, Houston & Duss P. A. Firm/ Company 590 Oak Street Address Jacksonville, Fl 32204 City/ State and Zip Code hstewart@tshdlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 354-9000 x.235

Area Code & Daytime Telephone Number Carl M. Stewart Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Mon Amie Boutiques, Inc.		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P14000043869		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendine	nt(s) to
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 abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A."	reviation	
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:	19 JUL	<u></u>
Name of New Registered Agent	5 PH	
(Florida street address) New Registered Office Address:, Florida	3 2: 10	0
(City) (Zip Co	de)	
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		

· 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>	<u>Addres</u> s
1) Change	PD	Tim Connolly	116 Governors Road
Add X Remove			Ponte Vedra, Fl 32082
2) Change	-		
Remove 3) Change Add			
Remove 4) Change Add			SSET FIGURE
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	\mathbb{R}^{n}	حت.
provisions for implementing the amendment if not contained in the amendment itself:	- 	PH
(if not applicable, indicate N/A)	<u> </u>	Ÿ
	풀트	
	<u></u>	
		
	-	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	g groups. The fallowing statement ately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	n for approval
by	"
(valing group)	
The amendment(s) was/were adopted by the board of directors without s action was not required.	sareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharel action was not required.	solder action and shareholder
07/02/19	_
Dated Signature Water Oll (8)	and Elen
(By a director, president or other officer – if dir selected by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	octors or officers have not been a receiver, trustee, or other court
Nyun ok Connolly	
(Typed or printed name of p	erson signing)
Owner - President	
(Title of person	signing)