(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ĉit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: THE TRADDOTS BOUTIQUE, INCOMENT NUMBER: P14000054815
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person TRADAOTS BOUTIQUE, INC Firm/ Company 3800 NW 183 PO STREET, #208 Address MIAMI GARDENS, FL 33055 City/ State and Zip Code /
For further information concerning this matter, please call:
KIMESHA STODDART at (786) 356-2365 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation of

THE	TRADDOTS	BOUTIQUE	. INC
(Name of Corporation	as currently filed with the Flori	ida Dept. of State)	7
PIL	1000054815		

P14000054815	
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: TRADOTS BOUT! name must be distinguishable and contain the word "corporation," "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 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)	QUE INC The new ompany," on "incorporated" or the abbreviation A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A + 8CT
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 addr	
	633)
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 Signature of New Registered Agent, i.	

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 <math>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:	DT	Lile D	
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)	Title	<u>Name</u>	Address
1) Change	NP	LATOYA STODDART	MIAMI Gardens FZ 3305.
Remove 2) Change			
Add Remove			
3) Change Add Remove			
4) Change			
Remove			
5) Change	-		
Remove 6) Change			
Add			
L L KUHUYU			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
•	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issu provisions for implementing the amendment if not contained in the amendment i	tself:
(if not applicable, indicate N/A)	
NIT	
\	
	-

The date of each amendment(s) adoption:	, it other than th
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	
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 10/18/2014	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
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