P14000080738

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MORALES TR	IMMING INC			
DOCUMENT NUMBER:	P14000080738				
The enclosed Articles of Amenda	<i>ment</i> and fee are su	ibmitted for filing.			
Please return all correspondence	concerning this ma	tter to the followir	ng:		
PEDRO	MORALES				
		Name of Conta	act Person		
MODALI	ES TRIMMING IN		ict i cison		
MORALI	25 TRIMIMING IN				
	Firm/ Company				
2601 IND	IANA AVE				
Address					
FORT PIERCE, FL 34947					
		City/ State and	Zip Code		
J_958@HOTM	AIL.COM				
	il address: (to be us	sed for future annu	al report n	otification)	
			•		
For further information concerning	ng this matter, pleas	se call:			
JOSE MATOS		at (772	5215442	
Name of Contact	Person	at (772) 5215442 Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	ving amount made	payable to the Flor	rida Depar	tment of State:	
	3.75 Filing Fee & tifficate of Status	□\$43.75 Filing Certified Cop (Additional ec enclosed)).	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	rporations		Division Clifton I	nent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 AUG 17 AM 8: 09

MORALES TRIMMING INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P14000080738	•	
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp," "Inc," or	on." "company." or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli		N/A
(Mailing address MAY BE A POST (OFFICE BOX)	176
D. If amounding the need-to-sedt	d/	
 If amending the registered agent an new registered agent and/or the new 		
Name of New Registered Agent	N/A	
trame of their regimered rigent		
	(Florida s	treet address)
New Registered Office Address:	N/A	Plostdi
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agen	it: with and accept the obligations of the position.
merch accept the appointment as regist	erea agem. Tam jamina	min take 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SUSANA MORALES	2601 INDIANA AVE
X Add			FORT PIERCE, FL 34947
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
, , , , , , , , , , , , , , , , , , ,	N/A
	N/A
100 P	
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
N/A	

The date of each amendment(s) adoption:	fifother than the
date this document was signed.	$\frac{1}{2}$ if other than the DIVIER of 0
06/11/2015	
Effective date if applicable: (no more than 90 days after amendment file date)	15 AUG 17 AH 8: 09
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 votes east for the amend by the shareholders was/were sufficient for approval.	iment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a must be separately provided for each voting group entitled to vote separately on the amendments.	statement s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated 8/13/2015	
Signature Horales (By a director, president or other officer – if directors or officers have no	t huon
selected, by an incorporator – if in the hands of a receiver, trustee, or other	ner court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	