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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Closet Freekz Vintage Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ashley D. Bolling Name of Contact Person Adventureous Jill Firm/ Company 595 W. Church St. Address Orlando, FL 32805 City/ State and Zip Code abolling@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 401-0399
Area Code & Daytime Telephone Number Ashley Bolling Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

CLoset Freekz Vintage Inc.

| 14000083743 | | |
|--|---|---------------------------------|
| | | |
| (Document Nur | mber of Corporation (if known) | |
| rursuant to the provisions of section 607.1006, Florida Statute s Articles of Incorporation: | es, this <i>Florida Profit Corporation</i> ad | opts the following amendment(s) |
| a. If amending name, enter the new name of the corporati | ion: | |
| Adventureous Jill Incorporated | | The new |
| ame must be distinguishable and contain the word "corporation". Inc.," or Co.," or the designation "Corp," "Inc." or "Cochartered." "professional association," or the abbreviation | Co". A professional corporation na | or the abbreviation "Corp.," |
| 3. Enter new principal office address, if applicable: | 570 N. Alafaya Trail | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> |) #119B | |
| | Orlando, FL 32828 | 7021 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 595 W. Church St. | |
| | #532 | 5: S |
| | Orlando, FL 32805 | <i>ं</i> |
| | | <u></u> |
| If amending the registered agent and/or registered office new registered agent and/or the new registered office as | | <u>ie of the</u> |
| Name of New Registered Agent Avis Bolling | | |
| 4111 San Servera D | rive, S | |
| (Flo | orida street address) | |
| Jacksonville New Registered Office Address: | | Florida 32217 |
| in wite state of the maness. | (City) | (Zip Code) |
| | | |
| | | |
| lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan | | of the position. |
| | • | • |
| | | |
| Signature of | New Registered Agent, if changing | |
| Signature of | Tien Registeren Agent, ij Enunging | |
| Theck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 | A / 11 \ / \ D / 1 | |

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 Do | <u>oc</u> | |
|----------------------------|--------------------------|-------------|---------------------------------------|---------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | nith | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) MA Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) NA Change | | | | |
| Add | | | | |
| NA Remove | | | | |
| Add | | | · · · · · · · · · · · · · · · · · · · | |
| Remove | | | | |
| 4) N Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) NA Change | | _ | | |
| ۱ Add | | | | |
| Remove | | | | |
| 6) N A Change | | | | |
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| Add | | | | |
| Remove | | | | |

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| f an amendment p | rovides for an exch | ange, reclassifica | tion, or cancellatio | on of issued shares, | |
| provisions for imp | lementing the amer | idment if not con | tained in the ame | ndment itself: | |
| (if not applical | ble, indicate N/A) | | | | |
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| The date of each amendment(s) at date this document was signed. | November 21, 2019 doption: | , if other than the |
|--|--|-------------------------------|
| May | 19th, 2020 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this partment of State's records. | date will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder a | ction and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment fficient for approval. | nt(s) |
| must be separately provided for | roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): | rment |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| Dated | -Aen | |
| selected | rector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary) | |
| | Ashley Bolling | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |