P14000084905

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRINCESS JEWE	LRY INC		
DOCUMENT NUM	BER: P14000084905			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MITZY ELIZALDE			
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
	PRINCESS JEWELRY INC			
		Firm/ Company	···	
	1615 SW 149 AVENUE			
		Address		
	PEMBROKE PINES, FLOR	IDA 33027		
		City/ State and Zip Code		
MIT	ZYDEBAQUERIZO@HOTM	IAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
YVELISSE DIAZ		at (<u>305</u>	de & Daytime Telephone Number	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
Am	endment Section	Δ mend:	ment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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PRINCESS JEWELRY INC	2915 OCT 22 PM 4. 40	
(Name of Corporation as curren	tly filed with the Florida Dept. of State) 31 51081DA	
P14000084905	tly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1615 SW 149 AVENUE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINES, FLORIDA 33027	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1615 SW 149 AVENUE	
<u></u>	PEMBROKE PINES, FLORIDA 33027	
D. If amending the registered agent and/or registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: 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.

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>	Name	<u>Addres</u> s
1) Change	PST	MITZY ELIZALDE	1615 SW 149 AVENUE
X Add			PEMBROKE PINES, FL 33027
Remove			
2) Change	PST	ERWING D CARDONA, SR.	17433 SW 19TH STREET
Add			MIRAMAR, FLORIDA 33029
X 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).	(Be specific)
N/A	
,	
. If an amendment provides for an exch	unge, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	•

•	CTOBER 21, 2015	
The date of each amendmen		, if other than the
date this document was signed	• '	
Effective date if applicable:	OCTOBER 21, 2015	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	(
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
OCT	OBER 21, 2015	
Dated		
	1/1	
Signature _	H. Alexand	
	va director, president or other officer - if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	ERWING D CARDONA	
	(Typed or printed name of person signing)	
	PRESIDENT / SECRETARY / TREASURY	
	(Title of person signing)	