## P15000010189

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	cument Number)	)
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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MAY 0 3 2011
T. LESCOTT

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	:FASHION BY	LESLIE INC	
DOCUMENT NUMBER:	P15000010189		
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondenc	e concerning this ma	tter to the following:	
LESL	IE MARTINEZ		
		Name of Contact Person	n
		Firm/ Company	
2817 NV	V 7TH STREET		
		Address	
MIAMI,	FL 33125		
		City/ State and Zip Cod	e
E-m For further information concern	·	sed for future annual report	
LESLIE MARTINEZ		at (	
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## **FASHION BY LESLIE INC**

TASITION DT ELODIE INC				
(Name of Corp	poration as currently	filed with the Florida De	ept. of State)	
P15000010189				
1)	Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, I ts Articles of Incorporation:	Florida Statutes, this F	Slorida Profit Corporation	adopts the following	ig amendment(s)
A. If amending name, enter the new name of	the corporation:			
GLAMDIVA BOUTIQUE INC				The new
name must be distinguishable and contain th 'Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," (	"Corp," "Inc," or "C	lo". A professional corpo	porated" or the a pration name must	bbreviation contain the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u> )		1 1144	
If amending the registered agent and/or requirement registered agent and/or the new registered agent ag		ess in Florida, enter the n	ame of the	
Name of New Registered Agent				-
				_
	(Florida stre	et address)		
New Registered Office Address:			, Florida	<del></del>
lew Registered Agent's Signature, if changin hereby accept the appointment as registered as	g Registered Agent:	City)	WILL APR	Code)
nereo, accept the appointment as registered as			D P	J
	Signature of New Re	gistered Agent, if changin	e gra 👺	

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.

Evamples	, ини ъш	iy Smith, Sr us un Auu.	
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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
4.0	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

•	04/23/2018	
The date of each amendment(s) a date this document was signed.		, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment of the approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group) .	
	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	lesere Harth	
selecte	lirector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other contend ted fiduciary by that fiduciary)	
	LESLIE MARTINEZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	