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R. WHITE

COVER LETTER

Ø

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CHURY Date Sculpting
DOCUMENT NUMBER: P 150000 17592
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 CANARY DATE SCULPTING Firm/ Company
Name of Contact Person
CANARY DATE SCYLPTING
Firm/ Company
440 HONEYCOMB WAY Address
Address
TACKSONVILLE FL 32259 City/ State and Zip Code
City/ State and Zip Code
E-mail address. (to be used for future annual report notification)
is-man address. (to be used for future annual eport norm canon)
For further information concerning this matter, please call:
TUSTIN HARTMANN at (904) 753-8785 Name of Contact Person Area Code & Daytime Telephone Number
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) Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Articles of Amendment

to Articles of Incorporation of

	15 AUG 25 AM 7: 59
CANARY DATE SCYLPTING (Name of Corporation as currently filed with	
_	TALLAHASSEE, FLORDA
P15000017592	
(Document Number of Corporation	on (il known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pros</i> Articles of Incorporation:	ofit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
NIA	The new
ame must be distinguishable and contain the word "corporation," "comportion," "comportion," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A propord "chartered." "professional association," or the abbreviation "P.A."	any," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent NA	
(Florida street address)	
New Registered Office Address: NA	, Florida
New Registered Office Address: New Registered Office Address:	

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: 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>	<u>Addres</u> s
1) Change	<u> </u>	DAVID HARTMANN	5 ALKSON MILE, FL
X Add			JACKSONVILLE, FL
Remove			32259
2) Change	<u></u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)	ge(s) here:			
	(NIA)					
	(V)					
		 				
			1 - 4			
an amendment pro	vides for an excb	iange, reclassific	cation, or cancel	lation of issued	shares,	
rovisions for imple	menting the ame	ndment if not co	ontained in the a	<u>mendment itsel</u>	<u>f:</u>	
 (if not applicable 	,					
(if not applicable						
(if not applicable						
(if not applicable	- NA)				
(if not applicable	NA)				
(if not applicable	NA)				
(if not applicable	NA)				
(if not applicable	NA)				
(if not applicable	NA)				
(if not applicable	NA)				

The date of each amendment(s) adoption:	8-2-2015	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	8 – 2 – 20 (5 o more than 90 days after amendment file date	
(ne	o more than 90 days after amendment file date	2)
Note: If the date inserted in this block does not medocument's effective date on the Department of State		its, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximation.		endment(s)
The amendment(s) was/were approved by the sha must be separately provided for each voting gro		
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by(voting	35	
(voting)	group)	
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and s	shareholder
The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and share	cholder
Dated 8-7-20 Signature File		
(By a director, presiden	or other officer - if directors or officers have	
	rator – if in the hands of a receiver, trustee, or	other court
appointed fiduciary by	,	
JUSTER	HARTMANN	
(Тур	ed or printed name of person signing)	
PRESTA		
	(Title of person signing)	
	(o. p-1.551. 510	