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COVER LETTER

TO: Amendment Section

Division of Corporations	د. م		•
NAME OF CORPORATION: _	Florish by El	liza Reign	<u>"</u>
DOCUMENT NUMBER:	P15000028	3772	
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence of	oncerning this ma	tter to the following:	
Eliza Ser	raphin		
*** *** C C C C C C C C C C C C C C C C	Nam	ne of Contact Person	
Florish	by Eliza Reign		
 -		Firm/Company	
140 S Di	xie Highway Ur	nit 508	
Hollywo	ood, FI 33020	Address	
· · · · · · · · · · · · · · · · · · ·	City	/State and Zip Code	
shopoha	naboutique@gr	mail.com	
E-mail a	address: (to be us	ed for future annual repo	rt notification)
For further information conc	erning this matter	nlegea call:	
Eliza Seraphin	cerning this matter	305	299-1808
·			Daytime Telephone Number
Name of Con	itact Person	Area Code &	& Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ifficate 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	etion porations	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

FLED

Articles of Amendment to

Articles of Incorporation

17 SEP 14 AM 9:51

SECRETARY OF STATE οſ FICUSH RI FIRST

(Name of Corporation as currently	filed with the Florida Dept. of State
PK:000028777	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Flits Articles of Incorporation:	arida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Corp., " professional association." or the abbreviation "P	O . A projessional corporation name main commit me
B. Enter new principal office address, If applicables (Principal office address MUST BE A STREET ADDRESS)	HOUGHUAD FI 33020 UPLSON
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DD. BOX WISSY3
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Flurida stre	et addiress)
No. 1905 and Office Address	, Florida
New Registered Office Address:	City) ('Zip Code')
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar w	rin and accept the abugutans of the position.
	and the same of the same in th

Signaturé 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: \(\sum_Change	er	John Do	<u>u</u>	
X Remove	Y	Mike Jo	ncs	
X Add	SY	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Addn:ss
1) Change				
Add				<u> </u>
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
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4) Change		_		
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Remove				
5)Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ch additional sheets, if neressary).	cles, enter change(s) here: (Be vpecific)
	·
	-
an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
anavisions for intolementing the in	(Within the states)
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption:	, if other than the
date this document was signed	
Effective date if applicable:	
(no more than 40 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	vill 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	·
Dection was not required.	
Dated Op/4/17.	
Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Eliza SECAPHIN	
(Typed or printed name of person signing)	
COOCO / P	
(Title of person signing)	