P15 000039721

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION: BOUTIQUE AT 51	IVE STAR BOUTIQUE IN	C
DOCUMENT NUMBER	R: P15000039721		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
LY	SSA K FLAYMAN		
		Name of Contact Person	1
		Firm/ Company	
11	750 KIMMIE DRIVE		
НС	DLLYWOOD FL 33026	Address	
		City/ State and Zip Code	
BSCHLO	OSSBERG1040@YAHOO	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
BERNARD SCHLOSSB	ERG	at (755-7140
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BOUTIQUE AT 5IVE STAR INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000039721		
(Document Number	of Corporation (if known)	~
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm	en e eneeneeneeneeneeneeneeneeneeneeneeneen
A. If amending name, enter the new name of the corporation:		1
TOTAL IMAGE BOUTIQUE INC	'΄΄ −< πΩ' Sha	
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	n_{-s}
B. Enter new principal office address, if applicable:	11750 KIMMIE DRIVE	•
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOLLYWOOD	
	FL 33026	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
	·	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Regimerea Agent	 	
	treet address)	
New Registered Office Address:	, Florida	
New Registered Office Musicas.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		
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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
- 	

• • •	1/27/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	27/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendn sufficient for approval.	ient(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sharehold	er
1/29/201	6	
DatedSignature	Bypack Nayn	
(By	a director, president or other officer (i) directors or officers have not l	peen
sele	eted, by an incorporator - if in the hands of a receiver, trustee, or other	court
арро	ointed fiduciary by that fiduciary)	
	LYSSA K FLAYMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	.