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TO: Amendment Section

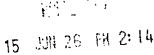
Division of Corporations NAME OF CORPORATION: ___ _ LA BLEU PARIS INC DOCUMENT NUMBER: P15000050355 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOAV HALEVA Name of Contact Person LA BLEU PARIS INC Firm/ Company 1100 BISCAYNE BLVD #4005 Address MIAMI, FL 33132 City/ State and Zip Code LABLEUPARIS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917 325-0665

Area Code & Daytime Telephone Number YOAV HALEVA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



LA BLEU PARIS INC (Name of Corporation as currently filed with the Florida Dept. of State) [FLORIJA P15000050355 (Document Number of Corporation (if known)" Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LE BLEU PARIS INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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	PT	John Doe					
X Remove	Y	Mike Jones					
_X Add	<u>\$V</u>	Sally Smith					
Type of Action (Check One)	Title		Name	Address			
1) Change		_	· · · · · · · · · · · · · · · · · · ·				
Add							
Remove							
2) Change		_					
Add							
Remove							
3) Change							
Add		_					
Remove							
4) Change							
Add							
Remove							
5) Change			manufacture and the same the same and s				
Add							
Remove							
6) Change	****	_					
Add							
Remove							

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
Nitration to the state of the s		
		<u>-</u>
		
		···
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself;	
		-

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/22/2015 Dated		
Signature		 -
selecte	irector 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 court ted fiduciary by that fiduciary)	
_	YOAV HALEVA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	