P1500058992

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SFORETARY OF STAFF BIVISIEN OF CORFORALIONS

JUL 28 2015 C LEMB

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TEXTILES INNO	OVATIONS, INC.
DOCUMENT NUMBER: P15000058992	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
eric behar — No	Me Spelling Correction
TEXTILES INNOVATION	IS. INC.
	Firm/ Company
4759 NW 72 AVE	· ·····
	Address
MIAMI, FL 33166	
	City/ State and Zip Code
ERIKAMARTINEZ1982@GMA	IL.COM
-	used for future annual report notification)
For further information concerning this matter, plea	ase call:
ERIKA MARTINEZ	at (305) 300-8844
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

15 JUL 24 AM 9: 17

to

TEXTILES INNOVATIONS, INC.

·	of Corporation as current	ly filed with the Florida Dept. of State)	
P15000058992			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	wing amendment(s
A. If amending name, enter the new na	ime of the corporation:	A	The new
	ation "Corp," "Inc," or '	on," "company," or "incorporated" or the "Co". A professional corporation name mu"P.A."	abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		<u>n la</u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		n/a	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	ERIKA MARTINEZ	_	
Hame of New Registered Agent	4759 NW 72 AVE		
	(Florida sti	reet address)	_
New Registered Office Address:	MIAMI .	Florida 33160	5
		(City), Florida, Florida	(ip Code)
New Registered Agent's Signature, if classification in the second	ered agent. I am familiar	: with and accept the obligations of the positio	n.

'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 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	D	ERIKA MARTINEZ	4759 NW 72 AVE
Add			MIAMI, FL 33166
X Remove			
2) X Change	<u>P</u>	ERIC BEHAR (Name Correction)	4759 NW 72 AVE
Add			MIAMI, FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			.
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			· ————————————————————————————————————

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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*. * ** · · · · · · · · · · · · · · · ·	
······································	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	•
	Wa.

The date of each amendment(s) adoption:		, if tother than the
date this document was signed.		DIVISION OF CORFORATION:
Effective date if applicable:		
	(no more than 90 days after amendment file date)	15 JUL 24 AM 9: 17
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, the tof State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendator approval.	nent(s)
	y the shareholders through voting groups. The following sta- ting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	.,,,	
•	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	holder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharehold	er
Dated 7 31	15	
Signature	7	
(By a director,	president or other officer - if directors or officers have not	
	incorporator – if in the hands of a receiver, trustee, or other	r court
appointed fiduo	ciary by that fiduciary)	
	Eric Behav	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	