P15000064676

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SECRETARY OF STATE OF

JUL 1 1 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: 26 PERFUME BA	R INC	
DOCUMENT NUME	BER: P15000066676		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	UDI MOORE		
		Name of Contact Person	1
	26 PERFUME BAR INC		
		Firm/ Company	
	19900 E COUNTRY CLUB	DRIVE, #118	
		Address	
	AVENTURA, FL 33180		
		City/ State and Zip Cod	e
udime	oore26@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
UDI MOORE		at (305	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of	State)
P15000066676		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopt	s the following amendment
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat	ion," "company." or "incorporat	
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or		n name must contain the
ord "chartered," "professional association," or the abbreviation		50 2
B. Enter new principal office address, if applicable:	20855 NE 16TH AVE.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	UNIT C9	an A
		
	MIAMI, FL 33179	
		17 1
Enter new mailing address, if applicable:	20855 NE 16TH AVE	95 7
(Mailing address MAY BE A POST OFFICE BOX)		- <u>3</u> 7 - S
	UNIT C9	***
	MIAMI, FL 33179	
D. If amending the registered agent and/or registered office ad		of the
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent		
		
(F)	street address)	
(Fibrial)	areti (kuress)	
New Registered Office Address:		orida
	(City)	(Zip Code)
	,	(iii)
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent. I am familia		the position.
Signatury of Mon	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	<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>	Address
1) Change	D	ZOHAR VAHAV	VINGEIT OR 7
Add			SUITE 10
X Remove			PETAH TIQWA, ISRAEL 49291
2) Change	D	MAZUOZ SOLUTIONS INC	20855 NE 16TH AVE.
X Add			UNIT C9
Remove			MIAMI, FL 33179
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

					-
				· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	nge, reclassification	n, or cancellati	on of issued sha	ares,	
provisions for implementing the amen	dment if not contain	ned in the ame	ndment itself:	<u></u>	
(if not applicable, indicate N/A)					

The date of each amendment(s) adoption:	ther than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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" (voting group)	
(voting group)	
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 action was not required.	
06/29/2016	
Dated	
Signature UCi MCO P	
(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)	
(Typed or printed name of person signing)	
Ud modes	
(Title of person signing)	