# P15000083448

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(Ac	dress)			
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SECRETARY OF STATE

DEC 1 4 2014 C. CARROTHERS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANGELS THE	RIFT STORE, INC.	
DOCUMENT NUME	P15000083448	·····	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	A	ALBA QUINONES CASTE	RO
•		Name of Contact Person	1
	AN	IGELS THRIFT STORE, I	NC.
•		Firm/ Company	······································
		3413 NW 9 COURT	
•		Address	
		MIAMI, FL 33127	
		City/ State and Zip Code	e
	nit	hapereyra@hotmail.com	
		sed for future annual report	notification)
	(*** *******************	F	
For further information	concerning this matter, pleas	se call:	
ALBA QU	INONES CASTRO	786	262-0619
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
	ling Address		Address
	ndment Section sion of Corporations		Iment Section on of Corporations
	Box 6327		Building
	phassee FL 32314		executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### ANGELS THRIFT STORE, INC.

	<del></del>			<del></del>		
(Name o	f Corporation as curren	tly filed with the Florida De	pt. of State)			
	P1500008	3448				
	(Document Number	of Corporation (if known)				_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following	ig amend	ment(s	) to
A. If amending name, enter the new na	me of the cornoration:					
a mandama name and me new na	N/A					
name must be distinguishable and cont			rnorated" or the	The n		
"Corp.," "Inc.," or Co.," or the design						
word "chartered," "professional associal				₹(1!	_	
B. Enter new principal office address,	if annlicable:	3413 NW 9 COURT			34.00	
(Principal office address MUST BE A ST		MIAMI, FL 33127		HAS A	- 2 -	-
				31-4	ف-	ŗ
				<u> </u>	- <del>T</del>	ſ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3413 NW 9 COURT		STATE	<del> :</del> 0	C
(		MIAMI, FL 33127		3>	<del>-</del> œ	
					_	
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the n	ame of the			
new registered agent and/or the new						
Name of New Registered Agent						
		N/A		_		
	(Florida	street address)		_		
	3413 NW 9 COURT, M		33127	,		
New Registered Office Address:		(City)	, Florida	Code)	_	
	(Cuy)		(Lip	Coucy		
New Registered Agent's Signature, if c	hanging Registered Age	nt:				
I hereby accept the appointment as regist			ons of the position.			
	0' ' '	D. Carrier I.A. and C. I. and		<del>_</del>		
	Signature of New	Registered Agent, if changin	g			

## 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)	Title	Name	<u>Addres</u> s
1) Change	VP	CARLOTA ANDREA OSONA	7548 ADVENTURE AVE.
Add			NORTH BAY VILLAGE
X Remove			FL 33141
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del> </del>		110
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Be specific)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
ange, reclassification, or cancellation adment if not contained in the amend	of issued shares. Iment itself:
N/A	
A 15 A A	
	ange, reclassification, or cancellation and the amend

The date of each amendment(s) ad	DECEMBER 02, 2015  option:	, if other than th
late this document was signed.		
Effective date if applicable:	·	
are the date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as the
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	t(s)
	roved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	'n	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and sharehol  pted by the incorporators without shareholder action and shareholder	der
DECE	MBER 02, 2015	
DatedSignature	<del></del>	
(By a diselected	rector, president or other officer – if directors or officers have not bee I, by an incorporator – if in the hands of a receiver, trustee, or other co ed fiduciary by that fiduciary)	
	ALBA QUINONES CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	