P16000019896

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LOS CHICOS AMOR INC. DOCUMENT NUMBER: P16000019896 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIAN J AMOR Name of Contact Person LOS CHICOS AMOR INC. Firm/ Company 1031 CYPRESS POINTE BLVD Address DAVENPORT, FL 33896 City/ State and Zip Code analia.cociancich@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN J AMOR Area Code & Daytime Telephone Number 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

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LOS CHICOS AMOR INC.

		1770	0,0
(Name of Corporatio	on as currently filed with the Florida Dept. of State)	1/	F
P16000019896		~. •	000
(Docume	ent Number of Corporation (if known)		1,
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	g amendmen	t(s) to
A. If amending name, enter the new name of the cor	rporation:		
		The new	
	d "corporation," "company," or "incorporated" or the ab " "Inc," or "Co". A professional corporation name must c abbreviation "P.A."	breviation	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
(Maning dauress <u>MAT DE A POST OFFICE BOA</u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			
Name of New Registered Agent			
<u></u>			
	(Florida street address)		
New Registered Office Address:	. Florida		
	(City) (Zip C	Tode)	
New Registered Agent's Signature, if changing Registered			
nereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.		
Signa	nture 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 Doe	
X Remove	$\underline{\mathbf{V}}$	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	DS	ANNALIA G COCIANCICH	1031 CYPRESS POINTE BLVD.
Add X Remove		·	DAVENPORT, FL 33896
2) Change	DS	ANALIA G. COCIANCICH	1031 CYPRESS POINTE BLVD.
X Add			DAVENPORT, FL 33896
Remove		·	
3) Change			-
' Add			
Remove			
4) Change	·		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
<u> </u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

APRIL 15, 2016
The date of each amendment(s) adoption:
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 listed as t document's effective date on the Department of State's records.
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)
☐ 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.
APRIL 15, 2016 Dated
Signature
(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)
A study
(Typed or printed name of person signing)
(Title of person signing)