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S. PRATHER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LulaChicks Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah C. Duran Name of Contact Person LulaChicks Inc. Firm/ Company 2127 Reston Circle Address Royal Palm Beach, FL 33411 City/ State and Zip Code sarahduran 19@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (S61 Area Code & Daytime Telephone Number Sarah C. Duran 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 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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LulaChicks Inc.		
(Name of Corporation as curre	ntly filed with the Florida Dept. of Sta	<u>ite</u>)
P16000021700		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	sis Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, if applicable:	N/A	≅ ∽ =
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20 S
•		- THE TO
		<u> </u>
C. Enter new mailing address, if applicable:	27/4	F B
(Mailing address MAY BE A POST OFFICE BOX)	N/A	35 -
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D. If amending the registered agent and/or registered office ad		<u>e</u>
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent N/A		
(Florida :	street address)	
New Registered Office Address: N/A	. Florid	2
1100 Hogistorea Office Haut Cos.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		
i nereoy accept the appointment as registered agent. I am familia.	r wiin and accept the obligations of the	position.
Signature of New	Registered Agent, if changing	<u> </u>

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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P D	Melinda L. Ramirez	102 Churchill Circle
Add			Royal Palm Beach, FL 33414
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add ·			
Remove			
5) Change	`		
Add			
Remove			
6) Change			
Add			
Remove			•

E. <u>II :</u> (At	amending or adding additional Articl ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
N/A		(be specific)
		,
-		
		·
'. <u>If a</u> Di	an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	Marie Hot Collaboration In the United States
N/A		
		<u>. </u>

	N/A '	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
N/A	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	16 SEP
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	RE or
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	11:55
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
September Dated	14, 2016	
Signature	Sough Duran	
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)	
	Sarah C. Duran	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	