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C. GOLDEN

JUL - 8 2017

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: LA VICTOIRE BOUTIQUE INC DOCUMENT NUMBER: P1(000056332 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LA VICTOIRE BOUTIQUE JW 168 AVE # 8-207 INFOQ SHOP LAVICHOIRE COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAMILA 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** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2017 JUN 29 AM 9: 52

## LA VICTOIRE BOUTIQUE, INC

LA VICTOIRE BOUTIQUE	1140	SECRETARY OF STAT
(Name of Corporation as currently filed w	<u>ith the Florida Dept. óf</u>	(State) ALLAHASSEE, FLORI
716000056332		્રી <b>?</b> 
(Document Number of Corpora	tion (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Astricles of Incorporation:	Profit Corporation adop	ts the following amendment(s) to
If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "con Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A ord "chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address:	orida, enter the name o	of the
Name of New Registered Agent HEUSSA ARE	1720	
10030 NW. 44 TEI		
New Registered Office Address: DORAL (City)	, Fl	orida <u>33178</u> (Zip Code)
- -		
Designated Agentla Cignotype if showing Designated Agents	•	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and a	accent the obligations of	the position

Signature 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.

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>	Name		<u>Addres</u> s
1) Change	<u> </u>	Meciss	A ARANGO	10030 NW 44 ter
X Add				#302 Doral, fl
Remove				33178
2) Change				
Add	,			
Remove				<del></del>
3) Change				<u> </u>
Add				
Remove				
4) Change		<del></del>	<del> </del>	
Add				
Remove			•	
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add	,			
Remove			•	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	
	,
if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, indicale WA)	
•	
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	-

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	sted by the shareholders. The number of votes cast for the amendment(s). ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
☐ The amendment(s) was/were ado action was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 001	6/2017
Signature	la de go
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	CAMILA APANGO (Typed or printed name of person signing)
	(Typed of printed name of person signing)
	PRESIDENT
	(Title of person signing)