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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPO	RATION: BOUTIQUE EUR		
DOCUMENT NUMI	D14000042406		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
	JAVIER SUTIL		
		Name of Contact Pe	rson
	BOUTIQUE EUROPEA INC		
Firm/ Company			
	6258 SW 8 ST		
		Address	
MIAMI, FL 33144			
City/ State and Zip C		Code	
	E-mail address: (to be us	sed for future annual re	port notification)
For further information	n concerning this matter, pleas	i	
JAVIER SUTIL 760			<u>6 , 45</u> 2 3553
			Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			Department of State:
S \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Aḥ Di Cli 260	reet Address reendment Section rision of Corporations fton Building SI Executive Center Circle Hahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

47 1 6 11 11 15

BOUTIQUE EUROPEA INC		a
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)
P16000063685		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	loridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new	w registered office address:	
Name of New Registered Agent	FABIENNE PEREZ	
	6258 SW 8 ST	
	(Florida stree	t address)
New Registered Office Address:	MIAMI	, Florida 33144
New Registered Agent's Signature, if c	hanging Registered Agent:	(Zip Code)
I hereby accept the appointment as regist	ered agent. I am familiar wi	the part actions the obligations of the position.
	Signature of New Reg	givered Agent, if changing

Page 1 of 4

address of each Office (Attach additional shee) Please note the officer/o P = President; V= Vico Executive Officer; CFC held. President, Treasu Changes should be note a change, Mike Jones la	r and/or I ts, if neces director tit Presiden Chief rer, Direct din the fa eaves the c	Director being added: ssary) the by the first letter of the office title: nt: T= Treasurer; S= Secretary; D= Dire Financial Officer. If an officer/director tor would be PTD. ollowing manner. Currently John Doe is	each officer/director being removed and title, name, and ctor; TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe. PT as a Change,
X Change	<u>PT</u>	John Doe	
$\frac{X}{X}$ Remove $\frac{X}{X}$ Add	<u>v</u> <u>sv</u>	Mike Jones Sally Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	FABIENNE PEREZ	6258 SW 8 ST
X Add			MIAMI, FL 33144
Remove			
2) Change	P	JAVIER SUTIL FLORES	
Add			
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change	_		

_ Add _ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	<u>.</u>
	
	
F. If an amendment provides for an exchange, reclassification, or car provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	cellation of issued shares, e amendment itself:
<u>, , , , , , , , , , , , , , , , , , , </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 day.	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable adocument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through versus to be separately provided for each voting group entitled to vote state.	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
by(voting group)	
■ The amendment(s) was/were adopted by the board of directors witho action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	nareholder action and shareholder
Dated # 07/21/17	
Signature V	
(By director, president or other officer – i	f directors or officers have not been
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	Is of a receiver, trustee, or other court
JAVIER FLORES SUTIL	
(Typed or printed name	of person signing)
P	
(Title of pers	son signing)

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