## P16000069218

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Emily Harre)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

DEC S. B. JUL

## **COVER LETTER**

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|--|--|--------------------------------------|--|--------|
| TO: Amendment Section Division of Corporations   |  | •                                    | 2811 DEC 26                                  |        |
| NAME OF CORPORATION: FELICI  | A TEXTILES INC   |                                      | 26<br>785                                    |        |
| DOCUMENT NUMBER: <u>\$16000</u>  | 69218  | <del></del>                          |  |        |
| The enclosed Articles of Amendment and fee are su  | bmitted for filing.  |                                      | SSEET FLORID                                 | -<br>0 |
| Please return all correspondence concerning this ma  | tter to the following:   |                                      | Ž,   |        |
| DIEGO  | SARALEGUI  |                                      |  |        |
|  | Name of Contact Person   |                                      | -  |        |
| FELICIA 7  | EXTILES INC  |                                      |  |        |
|  | Firm/ Company  |                                      | -  |        |
| 106 CRAN   | DON BLUD # 400   | <u></u>                              |  |        |
|  | DON BLUD # 400<br>Address  |                                      | -  |        |
| KET BISCAYNE   | FL 33149   |                                      |  |        |
|  | Ft 33149 City/ State and Zip Code  |                                      | <b></b>                                      |        |
|  |  |                                      |  |        |
| E-mail address: (to be us  | ANHTROPY. COM ed for future annual report notification)                                  |                                      |  |        |
|  |  |                                      |  |        |
| For further information concerning this matter, pleas  | e call:  |                                      |  |        |
| DIEBO SARALEBUI  | at 786 , 200   | 1035                                 |  |        |
| DIESO SAYLA VEBUI<br>Name of Contact Person  | Area Code & Daytin   | e Telephone Numbe                    | <del></del><br>er                            |        |
| Enclosed is a check for the following amount made p  | nayable to the Florida Department of St  | ate:                                 | e <b>2</b>                                   |        |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status                                       | (Additional copy is Certified  | ate of Status<br>d Copy<br>onal Copy | 2018 DEC 26 PM<br>Secretary of<br>Tallahasse | RECEIV |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer | ntions                               | 1 3: 50<br>E. F.                             | D      |
|  | Zinii Lisconii Col   | Chere                                |  |        |

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must conword "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | he nev<br>reviation<br>itain th |
|--|---------------------------------|
| FELICIA TEXTILES INC  (Name of Corporation as currently filed with the Florida Dept. of State)  P1600069218  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  LANHTROPY INC  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrecast "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | he nev<br>reviation<br>itain th |
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| (Principal office address MUST BE A STREET ADDRESS)  ++ 406  |                                 |
| +406   |                                 |
|  |                                 |
| KEY BISCAYNE, FL 3514  | 9                               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  106 CRANDON SUJD  ## 406  |                                 |
| #406   |                                 |
| KET BISCAYNE, FL 3314  |                                 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |                                 |
| Name of New Registered Agent DIEGO SARALEGU  |                                 |
| 106 CRANDON BWD # 406 (Florida street address)   |                                 |
| (Florida street address)   |                                 |
| New Registered Office Address: ICE1 BISCATIVE , Florida 3314   | 19                              |
| (City) (Zip Cod  | 'e')                            |

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signomre 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:<br><u>X</u> 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> | <u>Name</u> |             | Address      |              |     |
| 1) 🗶 Change                 | _ <b>D</b>   | ROSARIO     | PONCE DE LE | EON 106 CP   | ANDON BLUD # | 406 |
| Add                         |              |             |             | KET BISCAYNE | ANDON BLUD # |     |
| Remove                      |              |             |             |              |              |     |
| 2) Change                   |              |             |             |              | <del></del>  |     |
| Add                         |              |             |             |              |              |     |
| Remove                      |              |             |             |              |              |     |
| 3 ) Change                  |              |             |             |              |              |     |
| Add                         |              |             |             |              |              |     |
| Remove                      |              |             |             |              |              |     |
| 4) Change                   |              |             |             |              |              |     |
| Add                         |              |             |             |              |              |     |
| Remove                      |              |             |             |              |              |     |
| 5) Change                   |              |             |             |              | <del>_</del> |     |
| Add                         |              |             |             |              |              |     |
| Remove                      |              |             |             |              |              |     |
| 6) Change                   |              |             |             |              | <del></del>  |     |
| Add                         |              |             |             |              |              |     |
| Remove                      |              |             |             |              |              |     |

| E. If amending or adding additional Articles, enter change(s) here:                              |             |
|--|-------------|
| (Attach additional sheets, if necessary). (Be specific)  |             |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, |             |
| provisions for implementing the amendment if not contained in the amendment itself:              |             |
| (if not applicable, indicate N/A)  |             |
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| The date of each amendment(s) adoption: <u>JANUARY</u> 1" 2019 date this document was signed.  | , if other than the  |
|--|----------------------|
| Effective date if applicable: JANJARY 15T 2019  (no more than 90 days after amendment file date)   |                      |
| (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 document's effective date on the Department of State's records.                        | not be listed as the |
| 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 east 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.   |                      |
| Dated DECEMBER 20 2018   |                      |
| 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)   |                      |
| (Typed or printed name of person signing)  |                      |
| (Typed or printed name of person signing)  |                      |
| DIRECTOR   |                      |
| (Title of person signing)  |                      |