(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>, </u>

Office Use Only



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OCT 05 2016

R. White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Decadently Baked Uhrangements, Drc
DOCUMENT NUMBER: P16000069450
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Decadently Borked arrangements, Inc Firm/Company 14105, 49 and Address Cira Fresco Dlive. COH E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (786) 620-7940

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

43.75 Filing Fee & Certificate of Status

43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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	(2) 1 2 13
	to Articles of Incorporation	10.007
	of _	16 OCT -3 PH 2: 00
7 1.11 2		as SERVICA - Trace
- Decaden IV	ration as currently filed with the	Blanda Dant of State
		riorida Dept. of State)
- P1600006		
(Do	beument Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Flaits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Co</i>	corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	ne cornoration:	
75. 11 nanchang name, enter the new hathe of the	ic corporation.	
name must be distinguishable and contain the		The new
"Corp.," "Inc.," or Co " or the designation "C word "chartered," "professional association," or B. Enter new principal office address, if applie	the abbreviation " P.A."	ional corporation name must contain the
(Principal office address MUST BE A STREET)	<u>4DDRESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new register		enter the name of the
new registered agent and/or the new registe	red office address:	
Name of New Registered Agent		
	(Florida street address)	
V - D 1000		CI 11
New Registered Office Address:	(City)	, Florida (Zip Code)

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.

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 <math>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	PT John I	<u>Ooe</u>	
X Remove	V Mike.	lones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name .	Address
1) Change Add	P	Natalie Franco	11105,W.149aue Wiami FL 33194
Remove			
2) _X_ Change		Cristina Franc	14105,W.149au Miami, FL 33191
Remove 3) Change Add			·
Remove			
Remove 5) Change			
Add			
6) Change Add			
Remove			•

Attach <i>additional</i>	dding additional Art sheets. if necessary).	(Be specific,	ange(s) here:			
					 	
)					
						
•						
			. <u></u>			
						
f an amendment	provides for an exc uplementing the amo	hange, reclass endment if not	fication, or ca	ncellation of iss he amendment	ued shares, itself:	
(if not applic	rable, indicate N/A)					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	ill 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 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.	
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)	
Tresident	
(Title of person signing)	