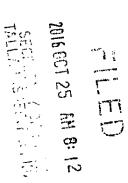
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CBL ACCESSOR	IES INC			
DOCUMENT NUME	BER: P16000070587				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	•	Name of Contact Person	 1		
	INCORPORATING SERVICES, LTD.				
		Firm/ Company			
	· · · · · · · · · · · · · · · · · · ·	Address			
	TALLAHASSEE, FL 32301				
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MELISSA		at (656-7956		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)		
Ame Divi P.O.	ling Address Indment Section Is on of Corporations Box 6327 Is hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CBL ACCESSORIES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P16000070587 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: . Florida (City) (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 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: X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P,D	ARNOLD SQUITIERI	2128 TARPON LAKE WAY
Add x Remove			WEST PALM BEACH, FL 33411
2) Change	P,D	LAUREN SIROTKA	2128 TARPON LAKE WAY
x Add			WEST PALM BEACH, FL 33411
Remove			
3) Change			······································
Add			
Remove			
4) Change			
Add			***
Remove			
5) Change	VIII.		
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

	g or adding additional Article itional sheets, if necessary).	Be specific)			
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l	dment provides for an exchan		u aa-aallatian af iss	and change	
nrovision	s for implementing the amend	ment if not contained	in the amendment i	tself:	
(if no	t applicable, indicate N/A)				
A					
				 	
			<u> </u>		
				•	
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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 a 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 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.	
October 17, 2016	
Dated 1010	
Signature	-
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LAUREN SIROTKA	
(Typed of printed name of person seging)	
President Allum Vinote	
(Title of person signing)	