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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: ADDESSO COUTURE INC. | | | | |
| DOCUMENT NUMBER: P16000096722 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Martha Altanirano Name of Contact Person | | | | |
| Name of Contact Person | | | | |
| AMERIPIUS BUSINESS Selvices Firm/Company | | | | |
| Firm/ Company | | | | |
| 8181 NW 36 St #2603 | | | | |
| Address | | | | |
| Doral Florida 33166 City/ State and Zip Code | | | | |
| City/ State and Zip Code / | | | | |
| Moyo 1225 20 aol com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Martha Altanirano # 305,725-8219 | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | |

TO: Amendment Section

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 Articles of Incorporation of

| ADDes | SSO COUTUR | e, Ivc | | |
|--|--------------------------------|-----------------------------|---------------|-------------------------|
| | Corporation as currently | | t. of State) | |
| P1 | .60000 967 | 22 | | |
| | (Document Number of C | | | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, this Fl | orida Profit Corporation t | adopts the fo | llowing amendment(s) to |
| A. If amending name, enter the new name | ne of the corporation: | | | |
| name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association | tion "Corp," "Inc," or "Co | o". A professional corpor | | |
| B. Enter new principal office address, if (Principal office address MUST BE A ST | | 8181 Nlu Suite 2 | 36 | Street |
| | | Doral F | | |
| C. Enter new mailing address, if application (Mailing address MAY BE A POST O | | | | |
| · | | | | |
| D. If amending the registered agent and | or registered office addres | ss in Florida, enter the na | me of the | |
| new registered agent and/or the new | registered office address: | | | |
| Name of New Registered Agent | Modoaldo | GONZARZ | | |
| _ | 8181 NW 3 | 36 Street, Su | 15e 26 | 004 |
| | (Florida stree | t address) | | |
| New Registered Office Address: | Doral | | _, Florida_ | 33166. |
| | ,(C | Tity) | | (Zip Code) |
| | | | | |
| New Registered Agent's Signature, if characteristics I hereby accept the appointment as register | | th and accept the obligatio | ns of the pos | sition. |
| | Modoalo | 6 Gonzale | e <u>Z</u> | 17 J |
| | Signature of New Reg | gistered Agent, if changing | | |
| | | | | |
| | | | | |
| | Page 1 of | Γ Δ | | |
| | 1 450 1 01 | • • | | <i>→</i> ~ |

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.

| Example: X Change | <u>PT</u> <u>Joh</u> | n Doe | | | |
|-------------------------------|----------------------|--------------|--------------|------------------------------|-------------|
| X Remove | <u>V</u> <u>Mil</u> | ce Jones | | | |
| X Add | <u>SV</u> <u>Sal</u> | ly Smith | | | |
| Type of Action (Check One) | Title | <u>Name</u> | | <u>Addres</u> s | |
| l)Change | P | ILEANA | Govzalez | 18863 NW 64 Hiakah, F1 33 | <u>ct</u> |
| Add | | | | Hialeah, F1 33 | 0 5 |
| Remove | | | | | |
| 2) Change | P | Modoal | do Govzal | 2 8181 NW 36 Suire #2604 | 51 |
| Add | | | | | |
| Remove | | | | Doral , F1 331 | 60 |
| 3) Change | | | | . | |
| Add | | | | | |
| Remove | | | | | |
| 4)Change | | | | | |
| Add | | | | · | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| | adding additional Articles, enter char al sheets, if necessary). (Be specific) | okaj nere. | |
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| 81-1 | yed is the Emplo 4636575 , Which Corporation | it should be | undated or |
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| The date of each amendment(s) adoption: | if other than the |
|--|---------------------|
| date this document was signed. | |
| The date of each amendment(s) adoption: Recember 27, 2010 date this document was signed. Effective date if applicable: Deamber 27, 2016 | |
| (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 no document's effective date on the Department of State's records. | it 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" | |
| 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 Deamber 27,2016. | |
| Signitude A 70 V / | |
| (By a defector, pesident 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) | |
| IleANA GONZalez. | |
| (Typed or printed name of person signing) | |
| President. | |
| (Title of person signing) | |