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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FABULUX BOUTIQUE AT CHRISTIE PEA INC DOCUMENT NUMBER: P16000101466 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINA MOSQUERA Name of Contact Person FABULUX BOUTIQUE AT CHRISTIE PEA INC Firm/ Company 10037 SW 72 STREET Address MIAMI, FL 33173 City/ State and Zip Code TIFFANY@ACCOUNTINGTOSCALE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINA MOSQUERA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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 to Articles of Incorporation of

FABULUX BOUTIQUE AT CHRISTIE PEA INC

(Name o	of Corporation as currently i	filed with the Florida Dept. (of State)	
P16000101466				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation ado	pts the following amendme	ent(s) t
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Ce	o". A professional corporati	The new ated" or the abbreviation on name must contain the	ı,
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S			019	
				T]
			- 6	erreno 1
C. Enter new mailing address, if appli				र शास्त्रको सुद्रेष्ट
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		<u> </u>	
			<u> </u>	
			rn 0	
			0.1	
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name	of the	
Name of New Registered Agent	CHRISTINA MOSQUERA			
<u>Name of New Registered Agent</u>	10037 SW 72 STREET		<u>,</u>	
	(Florida street	t address)		
New Registered Office Address:	MIAMI	Ţ	Florida 33173	
	(C	ity)	(Zip Code)	
	·			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	th and accept the obligations of	of the position.	
Thereby accept the appointment as regist	C	1	y y	
		M 1.1	21 116	
		1 1	51 11	
	Signature of New Reg	fistered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer: CFO = Chie Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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	<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	P	CHRISTINA RUIZ	12351 SW 194 STREET
Add			MIAMI, FL 33177
X Remove			
2) Change	P	CHRISTINA MOSQUERA	10037 SW 72 STREET
X Add			MIAMI, FL 33173
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amend icient for approval.	lment(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following sach voting group entitled to vote separately on the amendment(s	statement s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adoptection was not required.	ted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and sharehol	der
Dated	7/3/119	
selected	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	
(CHRISTINA MOSQUERA	
-	(Typed or printed name of person signing)	
Į.	PRESIDENT	
-	(Title of person signing)	