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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Flowing Fashing and hair boufique Inc. DOCUMENT NUMBER: P17 00003329
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diama Herron Name of Contact Person
Firm/ Company
Address
City/ State and Zip Code
E-mail address: (topbe used reporture annual report notification)
For further information concerning this matter, please call:
Diama Herron at 407, 731-1680 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

of

Flaunt Fashions and hair k	Dutique inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
Y1700003329		
(Document Number of C	Torporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
ω / γ		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation professional corporation name must contain	on "Corp.," n the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	w) A	
(Stating datress SIAT BE A FOST OFFICE BOA)		
		
		
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	0. 0.
Name of New Registered Agent \(\sum_{A} \)		_
(Florida stree	(address)	-
New Registered Office Address:	, Florida, Florida	
10	Tity) (Zip (Tode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
w) r	istered Agent, if changing	
Signature of New Reg	istered Agent, if changing	-
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e		

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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Dynasty Herron	2155 W. Wolnial D
Add Add			Orlando, Fl 32801
Remove			
2) Change	·		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional	Articles, enter cha	nge(s) nere.		
Attach additional sheets, if necessar	y). (Be specific)			
	-			
	<u></u>			
			-	
			<u></u>	
			<u> </u>	
				<u> </u>
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If an amendment provides for an oppositions for implementing the :	xchange, reclassif	ication, or cancell	ation of issued shar	res.
(if not applicable, indicate N/A)	Contained in the a	memment Hacti-	
NA				
				
			<u> </u>	
				

The date of each amendment(s date this document was signed.	ndoption: if other than the
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes of	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
sele	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ned fiduciary by that fiduciary)
	(Typed or printed name of person signing) (Title of person signing)