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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. WHITE FEB 1 4 2018



COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

NAMES OF CORRO	RATION: STYLEMRKT INC					
	BER: P17000063089					
The enclosed Article	s of Amendment and fee are sul	omitted for filing.				
Please return all corr	espondence concerning this mat	ter to the following:				
	Philip Palmetto, CPA					
		Name of Contact Person	1			
	Kantor, Palmetto Zeigler, Chamberlain & Perrella, PL					
	Firm/ Company					
	1000 NW 65th Street, Suite 2	01				
	Address					
	FT Lauderdale, FL 33309					
		City/ State and Zip Cod	e			
mth	ompson@pmmpllp.com					
-	E-mail address: (to be us	ed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:				
Philip Palmetto		at (de & Daytime Telephone Number			
Name of Contact Person		Area Co	ode & Daytime Telephone Number			
Enclosed is a check	for 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)			
Mailing Address		Street	Address			

Amendment Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

FILED

Articles of Amendment to Articles of Incorporation of

18 FEB 12 PM 2: 48



STYLEMRKT INC.	·	
(Name of Cor	poration as currently filed with the Florida Dept. of State)	
P17000063089		
	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of	the corporation:	
Style Calendar, Inc	The	n <i>a</i> w
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "company," or "incorporated" or the abbrevia "Corp," "Inc," or "Co". A professional corporation name must contain	tion
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, enter the name of the	
N/A		!
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/d. P = President; V= Vice Executive Officer; CFO held. President, Treasur. Changes should be noted	and/or D i, if necess irector titl President = Chief I er, Directe I in the fo aves the c	Nrector beary) Ite by the fit; T= Tree Irenancial Or would the sound or would the sound the sound or sound the sound or sound the sound	irst letter of the office title: asurer; S= Secretary; D= Direct Officer. If an officer/director he be PTD. tanner. Currently John Doe is lit n, Sally Smith is named the V an	or; TR= Trustee; olds more than or sted as the PST ar	C = Chairman or Clerk; C ne title, list the first letter of nd Mike Jones is listed as the	EO = Chief each office V. There is
X Change	<u>PT</u>	John Do	<u>ne</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Ad</u>	<u>dres</u> s	
1) Change	2,	· 	Noele M Norton	151	SE 1st Street #905	
Add				Mia	mi, FL 33131	
x Remove				-, -		
2) Change						<u> </u>
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6) Change		_		,	·	
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J/A	nal sheets, if necessar	ry). (Be specific)			
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			<u>.</u>		
<u>provisions fo</u>	nent provides for an or implementing the opticable, indicate N/.	amendment if not o	ication, or cancella contained in the ar	ation of issued share nendment itself:	L

The date of each amendment(s) adoption:	_ if other than th
date this document was signed.	
7/25/2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more inan 30 days after amenament 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.	not be listed as th
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"	Ì
(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 2/6/18	
Signature Line William Whomice	
(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)	
Luiz F. Maia	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	