## P17000064005

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CLAUDIA'S ALTERATIONS AND TAILORING INC.						
DOCUMENT NUMBE	R: P17000064005					
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.				
Please return all correspondent	ondence concerning this ma	atter to the following:				
		CLAUDIA APARICIO MOLINA	<u> </u>			
	Name of Contact Person					
	CLAUDIA'S ALTERATIONS AND TAILORING INC.					
		Firm/ Company				
_		1324 N JOHN YOUNG PKWY	UNIT A			
		Address				
		KISSIMMEE, FL 34741				
		City/ State and Zip Cod	le			
		alt tail alou Gomeit				
	E-mail address: (to be u	alt tail.clau@gmail.com sed for future annual report	notification)			
For further information co	oncerning this matter, pleas	se call:				
CLAUDIA APARICIO	<del> </del>	at (863	)236 - 8696			
Name of C	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:			
	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

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## Articles of Amendment to Articles of Incorporation of

CLAUDIA APARICIO MOLINA (Name of Corporation as currently filed with the Florida Dept. of State) P17000064005 (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: 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: 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.

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)	Title	Name	<u>Address</u>	
1) Change	VP	DAVID RUBEN PEREZ	2409 OAK HOLLOW DR	
X Add			KISSIMMEE, FL 34744	
Remove				
2) Change				
Add				
Remove			-	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
		-		
Add			<del></del>	
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		_
<u>_</u>		
		_
		_
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

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 document's effective date on the Department of State's records.	will 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.	
Dated 11/28/2017 Signature	
(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)	<del></del>
CLAUDIA APARICIO MOLINA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	