## P170000070752

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
| (Duringer Entity Name)                  |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |

Office Use Only



400304813254

10/27/17--01002--003 ••35.00

## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

| Division of Corporations                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: - Eye Fashion Optical Luc DOCUMENT NUMBER: - P17000030352                                                                                         |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                   |
| Please return all correspondence concerning this matter to the following:                                                                                              |
| Leyilaidis Perez Galano Name of Contact Person  Eye Fashion Optical Inc  Firm Company  40 Sw 114 th Ct  Address  Miami, FL 33174  City/ State and Zip Code             |
| E-mail address: (to be used for future annual report notification)                                                                                                     |
| For further information concerning this matter, please call:  Levilaidic Leve Galano at (-)Cle ) D73-8863  Name of Contact Person Area Code & Daytime Telephone Number |
| 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:                                                                          |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)                                                                                      |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations                                                        |

Division of Corporations

2661 Executive Center Circle Tallahassee, Fl. 3230 i

Clifton Building

## Articles of Amendment

to

| . Articles of                                                                                                                                                                          | f Incorporation                                                |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|
| (Name of Corporation as one                                                                                                                                                            | -ashion Optical_ cently filed with the Florida Dept. of State) | Inc                                       |
| <i>h</i> 10                                                                                                                                                                            |                                                                |                                           |
|                                                                                                                                                                                        | oer of Corporation (if known)                                  |                                           |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:                                                                                       | · ·                                                            | lowing amendment(s)                       |
| A. If amending name, enter the new name of the corporation                                                                                                                             | <u>ı:</u>                                                      |                                           |
| NIA                                                                                                                                                                                    |                                                                | 771 .                                     |
| name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati | or "Co". A professional cornoration name i                     | The new the abbreviation must contain the |
| B. Enter new principal office address, if applicable:                                                                                                                                  | NIA                                                            |                                           |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                    |                                                                |                                           |
|                                                                                                                                                                                        |                                                                | <del>.</del>                              |
|                                                                                                                                                                                        |                                                                | <del></del>                               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                | NIA                                                            | <b>7</b> 89                               |
| (Adming dualess MAT BE A POST OFFICE BOX)                                                                                                                                              |                                                                | <u>-</u>                                  |
|                                                                                                                                                                                        | -                                                              |                                           |
|                                                                                                                                                                                        |                                                                |                                           |
| 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 add                                                                                                                              | dress:                                                         |                                           |
| Name of New Registered Agent Leylalo                                                                                                                                                   | lis Herez Galano                                               |                                           |
| 200                                                                                                                                                                                    | W 116th CC                                                     |                                           |
| (Florid                                                                                                                                                                                | la street address)                                             |                                           |
| New Registered Office Address: Mian                                                                                                                                                    | , , 10,100                                                     | <u> 33174.</u>                            |
|                                                                                                                                                                                        | (City)                                                         | (Zip Code)                                |
|                                                                                                                                                                                        |                                                                |                                           |
| New Registered Agent's Signature, if changing Registered As                                                                                                                            | gent:                                                          |                                           |
| I hereby accept the appointment as registered agent. I am famil                                                                                                                        | liar with and accept the obligations of the posi-<br>c         | tion.                                     |
| / ./                                                                                                                                                                                   |                                                                |                                           |
| Leyil                                                                                                                                                                                  | aidis Perez Salar                                              | <b>^</b> 0                                |
| Signature of No                                                                                                                                                                        | ew Registered Agent, if changing                               | <del></del>                               |

It 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 Financia! 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>14</u> | John Doc                   |                                      |
|--------------------------------------------------|-----------|----------------------------|--------------------------------------|
| X Remove                                         | <u>V</u>  | Mike Jones                 |                                      |
| X Add                                            | <u>sv</u> | Sally Smith                |                                      |
| Type of Action (Check One)  1) Change Add Remove | Title     | Levilaidis Perez<br>Galano | Address 40 SW 116th CC Miami, fl 331 |
| 2) Change Add Remove                             |           |                            |                                      |
| 3 ) Change Add Remove                            |           | _                          |                                      |
| 4) Change Add Remove                             |           |                            |                                      |
| 5) Change Add                                    |           |                            |                                      |
| ### Remove  ###################################  |           |                            |                                      |

| Atjach <i>additiona</i>               | dding additional Article sheets, if necessary). (1          | Be specific)                                  |                                              |                                       |             |
|---------------------------------------|-------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|---------------------------------------|-------------|
| //                                    |                                                             |                                               |                                              |                                       | <del></del> |
| · · · · · · · · · · · · · · · · · · · |                                                             |                                               | ······································       |                                       |             |
|                                       |                                                             | -                                             |                                              |                                       |             |
| <del></del>                           |                                                             |                                               |                                              | _ · ·                                 |             |
|                                       |                                                             |                                               | <del></del>                                  |                                       |             |
|                                       |                                                             | ·                                             | ····                                         |                                       | <del></del> |
|                                       |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              | · · · · · · · · · · · · · · · · · · · |             |
|                                       |                                                             | <u> </u>                                      |                                              |                                       |             |
|                                       |                                                             |                                               | -                                            |                                       |             |
|                                       |                                                             |                                               |                                              | <del></del>                           |             |
|                                       |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |
| <u> </u>                              | t provides for an exchanging the amendicable, indicate N/A) | ge, reclassification,<br>ment if not containe | or cancellation of iss<br>d in the amendment | ucd shares,<br>itself:                |             |
|                                       |                                                             |                                               |                                              |                                       |             |
| ·                                     |                                                             | <u>-</u>                                      |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |
| <del></del>                           |                                                             |                                               |                                              |                                       |             |
|                                       |                                                             |                                               |                                              |                                       |             |

| The date of each amendment(s) addedate this document was signed.               | ption:                                       | 2/23                                            | 12017                                      |                         | _, if other than the |
|--------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------------------|-------------------------|----------------------|
| Effective date <u>if applicable</u> :                                          |                                              | 23                                              | 12017                                      |                         |                      |
|                                                                                | (no mo                                       | ore than 90 days after                          | r amendment jile dat                       | e)                      | -                    |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ock does not meet artiment of State's r      | the applicable statute<br>ecords.               | ory filing requiremen                      | nts, this date will r   | not be listed as the |
| Adoption of Amendment(s)                                                       | (CHECK O                                     | <u>NE</u> )                                     |                                            |                         |                      |
| The amendment(s) was/were adop by the shareholders was/were suff               | ted by the sharehole<br>icient for approval. | ders. The number of                             | votes cast for the an                      | nendment(s)             |                      |
| ☐ The amendment(s) was/were appromust be separately provided for e             | oved by the sharehouch voting group en       | olders through voting<br>ntitled to vote separa | groups The jollowi<br>itely on the amendme | ng statement<br>vit(s); |                      |
| "The number of votes cast for                                                  |                                              |                                                 |                                            |                         |                      |
| by:                                                                            |                                              |                                                 |                                            |                         |                      |
|                                                                                | (voting grou                                 | p)                                              |                                            |                         |                      |
| ☐ The amendment(s) was/were adop action was not required.                      | ed by the board of                           | directors without sho                           | areholder action and                       | shareholder             |                      |
| ☐ The amendment(s) was/were adop action was not required.                      | ed by the incorpora                          | ators without shareho                           | older action and share                     | :holder                 |                      |
| Dated                                                                          | 0/23/20                                      | 17                                              |                                            |                         |                      |
| Signature                                                                      | Levila                                       | idis Per                                        | vez Qa                                     | Lavo                    |                      |
| (By a dire                                                                     | ector, president or c                        | other officer - if direc                        | ctors or officers have                     | not been                | -                    |
| appointe                                                                       | by an incorporator<br>I fiduciary by that i  | - if in the hands of a fiduciary)               | receiver, trustee, or                      | other court             |                      |
| _                                                                              | <u>Le</u>                                    | vilaidi                                         | 3 Perez                                    | Qalan                   | Ø                    |
|                                                                                | (Typed o                                     | r printed name of per                           | son signing)                               | <del></del>             |                      |
| _                                                                              | <del>-</del>                                 | _ Ones                                          | ident.                                     |                         |                      |
|                                                                                |                                              | (Title of nerson su                             | umino)                                     |                         |                      |