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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	HON: BALLONS	BY MARCELA	CORP
DOCUMENT NUMBER	P1700008426	63	
The enclosed Articles of A	Amendment and fee are su	abmitted for filing.	
Please return all correspor	ndence concerning this ma	itter to the following:	
TI	HAMARA PER	ΞZ	
		Name of Contact Person	n
T	ABADESA ASS	OCIATES	
		Firm/ Company	
4	19 W 49TH ST	SUITE111	
		Address	
Н	IALEAH, FL 33	012	
 -	_ _	City/ State and Zip Cod	e
TANA	MYP@TABADE	SA COM	
1/3/9/1		sed for future annual report	natification
	E-man address. (to be to	seu foi future annual report	normeactory
For further information co	ncerning this matter, pleas	se call:	
THAMARA PE	REZ	at (305	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e 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
	nent Section		lment Section
	of Corporations		on of Corporations
P.O. Bo Tallahas	x 6327 see, FL 32314		Building ecutive Center Circle
		#20. E	

Tallahassee, FL 32301

Articles of Amendmen FILED to Articles of Incorporation of TROV -3 PM 4: 41 P SECRETALY OF STATE

BALLONS BY MARCELA CO		SECRETALY UI Tala ahasasi Fi	*	
(Name of Corporation as current)	ly filed with the F	lorida Dept. of State)		!
P17000084263				
(Document Number	r of Corporation (if	(known)		Ì
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this a	Florida Profit Corpora	tion adopts the following	g am e ndment(s)
A. If amending name, enter the new name of the	e corporation:			
BALLOONS BY MARCELA CO	ORP			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coward "chartered," "professional association," or	orp," "Inc," or "(Co". A professional e		breviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new register			se name of the	
Name of New Registered Agent				1
<u></u>				
	(Florida stre	ret address)		i
New Registered Office Address:		, F	lorida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	<mark>Registered Agent:</mark> u l am familiar w	ith and accept the obliq	gations of the position.	
Signature of	f New Registered A	gent, if changing		

If any and any the Office		Discotory onton the title and	name of each officer/director being	removed and title name and	
address of each Officer (Attach additional sheets	and/or I if neces:	irector being added: ary)	name of each officer/director being	removed and title, name, and	
P = President; V = Vice	Presiden = Chief	financial Officer. If an officer	title: D= Director; TR= Trustee; C = CF /director holds more than one title, i		
a change, Mike Jones lee Mike Jones, V as Remove	wes the c	orporation, Sally Smith is nam	m Doe is listed as the PST and Mike , ed the V and S. These should be noted		
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	ļ	
1) Change					
Remove					
2) Change					
Add				<u> </u>	
Remove					
3) Change				<u> </u>	
Add					1
Remove					l
4) Change					İ
Add					
Remove					
5) Change					
Add					
Remove					
a 🗀 🚛					
6) Change		_		<u> </u>	
Add					
Remove					

Attach additional	l sheets, if necessary). (Be specific)	
		···
		
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-		
		
		
		·
	 	
<u> </u>		
I an amendment provisions for it	t provides for an exchange, reclassification, or cancellation of issupplementing the amendment if not contained in the amendment	<u>ued shares,</u> itself:
(if not applie	cable, indicate N/A)	
<u> </u>		
		
	- · · · · · · · · · · · · · · · · · · ·	
		

The date of each amendment(s) adoption:	<u></u> , i	II fjother than the
date this document was signed.	7	
Effective date if applicable:		
(no more than 90 days after amendment file date)		
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.		4
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)		H
(voting group)		İ
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 10/25/2017 Signature Agranue		
thy a director, president or other officer - if directors or officers have not been		il i
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		1
THAMARA PEREZ		
(Typed or printed name of person signing)		
RA		
(Title of person signing)		i