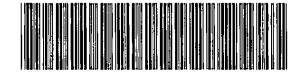
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| (Re | questor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | · #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
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TALLAHASSEE, FLORIDA

COVER LETTER

15.

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Chantell Export, C | Corp | | |
|--|--|---|-----------------------------|---|
| | BER: P17000085998 | - | | |
| | of Amendment and fee are si | ubmitted for filing. | | |
| Please return all corre | espondence concerning this ma | atter to the following | 1g: | |
| | Carolyn Livingston | | | |
| | | Name of Conta | act Person | n |
| | Chantell Export, Corp | | | |
| | | Firm/ Con | ıpany | |
| | 2034 NW 13th Street | | | |
| | | Addres | SS | |
| | Miami, Florida 33125 | | | |
| | | City/ State and | Zip Cod | e |
| caror | ankin@hotmail.com | | | |
| | E-mail address: (to be u | sed for future annu | al report | notification) |
| For further information | in concerning this matter, plea. | se call: | | |
| | in a second production of the second productio | | | |
| Carolyn Livingston | | 78 <i>0</i> | 'n | 5876415 |
| Name | of Contact Person | at (786) 5876415 Area Code & Daytime Telephone Number | | |
| Enclosed is a check fe | or the following amount made | payable to the Flor | ida Depa | rtment of State; |
| ■ \$35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Certified Copy (Additional co- enclosed) | y | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344 | | | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation αf

| Chantell Export | | | | | |
|---|-------------------------------------|----------------------------|------------|-----------|-----------|
| PIN Ware of Corporation as cur | rently filed with the Florida De | pt. of State) | | | |
| (Document Num | ber of Corporation (if known) | | <u> </u> | | |
| Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation: | , this Florida Profit Corporation | adopts the fo | llowing an | ıendm | ecnt(s) t |
| A. If amending name, enter the new name of the corporation | <u>n:</u> | | | | |
| | | | The | e nev | ٧. |
| name must be distinguishable and contain the word "corpe" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia | or "Co". A professional corpo | porated" or ration name | the abbre | viatio. | n |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | | | |
| | | | | | |
| | | · · · | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | <u>}</u> | 2, | |
| maning datess <u>MACBLATOST OF CICE, NOA</u>) | | | 27 | | -T1 |
| | | | | <u></u> | |
| | | | | | <u></u> |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | ime of the | | تعر وي | |
| | uress. | | | : 02 | |
| Name of New Registered Agent | | | | | |
| (Flori | ida street address) | | | | |
| New Registered Office Address: | | , Florida | | | |
| New Neglistered Affice Autorities. | (City) | | (Zip Code | } | |
| | | | | | |
| New Registered Agent's Signature, if changing Registered A | .uent: | | | | |
| I hereby accept the appointment as registered agent. I am fam | iliar with and accept the obligatio | ns of the pos | ition. | | |
| | | | | | |
| | | | | | |
| Signature of N | 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 | \underline{V} | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | <u>V</u> | Carolyn L. Rayon | 2034 NW 13th Street |
| Add | | | Miami, FLorida 33125 |
| Remove | | | |
| 2) Change | <u>P</u> | Carolyn Livingston | 2034 NW 13th Street |
| XAdd | | | Miami, Florida 33125 |
| Remove | | | |
| 3) Change | P | Carlos M. Livingston | 2425 NW 33rd Street |
| Add | | | Miami, Florida 33142 |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the amer (if not applicable, indicate N/A) | nauge, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |
| | |
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| | |
| | |

| | December 27, 2017 | |
|---|---|-------------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment jile date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were aby the shareholders was/were: | lopted by the shareholders. The number of votes cast for the amend sufficient for approval. | lment(s) |
| | oproved by the shareholders through voting groups. The following we each voting group entitled to vote separately on the amendment, | |
| "The number of votes can | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were action was not required. | lopted by the board of directors without shareholder action and sha | reholder |
| The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and shareholder | der |
| Decembe Dated | 27, 2017 | |
| select | directors posident or other officer – if directors or officers have no ed, by an incorporator – if in the bands of a receiver, trustee, or oth nted fiduciary by that tiduciary) Carolyn Livngston | |
| | (Typed or printed name of person signing) | |
| | | |
| | President | |
| | (Title of person signing) | |