## P1700096377

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: IT MAKES SCEN	IT INC	
	BER: P17000096377		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Claudia Brown		
		Name of Contact Person	1
	It Makes Scent INC		
		Firm/ Company	<del></del>
	17011 NE 8TH place		
		Address	
	North Miami Beach florida 3	33162	<del>.</del>
		City/ State and Zip Cod-	e
itma	kescent@gmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Claudia Brown		at (	_) 3040412 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	ertment 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)
Am Div P.C	tiling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

## Articles of Amendment Articles of Incorporation of

	It make Scent.	Inc		
	of Corporation as currently		pt, of State)	
	P1700 0090	6 377		
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corporation	adopts the following amer	ndment(s) to
A. If amending name, enter the new na	me of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpo	porated" or the abbrevi ration name must contain	ation n the
B. Enter new principal office address, (Principal office address MUST BE A S				_
				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				<u> </u>
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ume of the	
	Claudia Brown			
Name of New Registered Agent		·		
	(Florida stree	t address)		
	17011 ne 8th place North Mi	ŕ	33162	
New Registered Office Address:		Tity)	, Florida	
New Registered Agent's Signature, if classification in the second	ered agent. I am familiar wi	th and accept the obligation	HAY 2U AHASSE	FILED
	organiare of the Meg	and the second s	D SE L	O'

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	WILFREDO OSORIO	17011 NE 8th Place North Miami Beach
Add X Remove			Hunda 33162
2) Change	CEO	CLAUDIA BROWN	17011 NE 8th Place North Miami Beach
X Add			Florida 33162
Remove			
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			<del></del>
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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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not applicable, marcure (071)	
<u> </u>	<del></del>
	<del></del>

The date of each amendment(s	· 05/18/2018	, if other than the
date this document was signed.	, adoption.	, n other than the
	5/18/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/18/20 Dated	018	
Signature	CR	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	CLAUDIA BROWN	
	(Typed or printed name of person signing)	
	CEO	
	(l'itle of person signing)	