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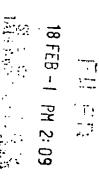


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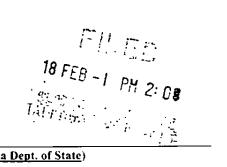
COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: Loungewear Tease	Boutique, Inc.		
DOCUMENT NUMB	P18000002844			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Kasey Parson-Chance			
	Name of Contact Person			
		Firn/ Company		
	8551 NW 52nd Ct.			
		Address		
	Lauderhill, FL 33351			
		City/ State and Zip Code	:	
kascyi	chance@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Kasey Parson-Chance		954 at (9378643 de & Daytime Telephone Number	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□S43.75 Filing Fcc & 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)	
Ame Divis P.O.	ting Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Loungewear Tease Boutique, Inc.

(Name of	Corporation as curre	ntly filed with the Florida Dept. of State)
P18000002844		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
Selise Reine Boutique, Inc.		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," of	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if	annlicable:	N/A
(Principal office address MUST BE A STR		
		
C. Enter new mailing address, if applica	hle:	
(Mailing address MAY BE A POST OF		N/A
		
D. If amending the registered agent and/		
new registered agent and/or the new r		ess:
Name of New Registered Agent	/A	
_		
	(Florida	street address)
<u>New Registered Office Address:</u>	/A	, Florida N/A
		(City) (Zip Code)
New Desistand Assetts Simples if the	i Di	
New Registered Agent's Signature, if cha- I hereby accept the appointment as registere		int: or with and accept the obligations of the position.
	·	
	Signature of Nev	v Revistered Avent-if chanving

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change		N/A 	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
N/A			
		.	
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<u> </u>			
			
			
		<u> </u>	
F. If an amendment provides for an exch	ange, reclassification, or c	ancellation of issued share	<u>s,</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
N/A			
			
			
		<u>-</u> -	

The date of each amendment(s):	N/A	, if other than the
date this document was signed.		, if other than the
N/A	A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendments ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
1/29/18 Dated		
17ateu	1/0.	
	K(00.	
Signature	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	nted fiduciary by that fiduciary)	
	Kasey Parson-Chance	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	