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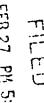


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MY UNIQUE BOU	UTIQUES CORP			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	ADRIANA ARANGO				
		Name of Contact Person	n		
	MY UNIQUE BOUTIQUES	CORP			
	Firm/ Company				
	801 NW 91 ST TERRACE				
		Address			
	PLANTATION, FL. 33324				
		City/ State and Zip Cod	e		
	AAADRIA5@YAHOO.CON	1	į.		
	E-mail address: (to be us	sed for future annual report			
	n concerning this matter, pleas				
ADRIANA ARANGO		at () 8804417 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Ilment Section on of Corporations in Building Executive Center Circle assee, FL 32301		

Jec-2/27/2018

Articles of Amendment to Articles of Incorporation of

MY UNIQUE BOUTIQUES CORP

P18000014611	ion as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
uant to the provisions of section 607.1006, Floridarticles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
f amending name, enter the new name of the co	orporation:
	The new
e must be distinguishable and contain the wor rp.," "Inc.," or Co.," or the designation "Corp I "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
nter new principal office address, if applicable	
icipal office address <u>MUST BE A STREET ADL</u>	DRESS)
	41.4
Enter new mailing address, if applicable:	
Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
	المنظمة المنظمة المنظمة المنظمة
	red office address in Florida, enter the name of the
ew registered agent and/or the new registered	red office address in Florida, enter the name of the
	red office address in Florida, enter the name of the
ew registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:

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	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	STELMACK, RANDOLPH A	801 NW 91 S TERRACE		
Add			PLANTATION, FL. 33324		
XX Remove			-		
2) Change					
Add					
Remove					
3)Change		<u> </u>			
Add					
Remove					
4) Change					
Add			·-		
Remove					
5) Change					
Add					
Remove					
() Change					
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 provisions for implementing the ame	ange, reclassification ndment if not contain	, or cancellation ed in the amendi	of issued shares, ment itself:	
(if not applicable, indicate N/A)				
		<u> </u>		
	_ _			

The date of each amendmen date this document was signed		, if other than th
,	02/20/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(street sufficient for approval.	;)
	ere approved by the shareholders through voting groups. The following statemed and for each voting group entitled to vote separately on the amendment(s):	rnt
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholde	ा
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	02/20/2018	
Dated		
<i>(</i> 2.*)	thulate (x a	
Signature _	By a/director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other cour	π
	ppointed fiduciary by that fiduciary)	
	ADRIANA ARANGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	