## P18000034911

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MICHELLE RAE	JEWELRY INC.		
DOCUMENT NUM	1BER: P18000034911			
	s of Amendment and fee are su	bmitted for filing,		
Please return all cort	espondence concerning this ma	tter to the following:		
	MICHELLE CHUTE			
		Name of Contact Person	1	
		Firm/ Company		
	4946 SW BIMINI CIRCLE S	i		
	PALM CITY, FL 34990	Address		
		City/ State and Zip Code	<u> </u>	
	MARYBETH@ST-WM.COM	М		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
MICHELLE CHUT	E	at (561	) 796-1692 de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:	
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MICHELLE RAE JEWELRY, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P18000034911		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the corporation:		
MICHELLE RAE DESIGN, INC		The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". " "chartered." "professional association," or the abbreviation "P.A."	A professional corporation name must contain	the word
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS )	S	20:
	ACR	
		<u>→</u>
. Enter new mailing address, if applicable:	AR.	
(Mailing address MAY BE A POST OFFICE BOX)		
	MTI Miles	<b>X</b>
		- <u>e</u> i-
		_ <del>_</del>
<ol> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office address</li> </ol>		
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	, Florida	

Check if applicable

 $<sup>\</sup>Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>nie</u>	Address		
1) Change						
Add						
Remove						
2) Change						
Add				<u> </u>		
Remove 3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<del></del> —				
Add						
Remove						
6) Change						
Add						
Remove						

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/A)	ttach additional.	ding additional Artic sheets, if necessary).	(Be specific)	<del></del>		
provisions for implementing the amendment if not contained in the amendment itself:						
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provisions for implementing the amendment if not contained in the amendment itself:	an amendment	provides for an exch:	ange, reclassificat	ion, or cancellatio	n of issued shares	1
(if not applicable, indicate N/A)	provisions for <u>in</u>	iplementing the amen	idment if not cont	ained in the amen	idment itself:	
	(if not applic	able, indicate N/A)				
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
■ 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.	
☐ 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)	
Dated 4/23/21 Signature Michelle Melle	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
michelle Chute	
(Typed or printed name of person signing)	
resident	
(Title of person signing)	_