## P 18000036061

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: LOLY FUEWMAYOR JEWERLY and AccessoRies Co DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

to

Loly Fuewmayor Jewe	or and Acces	30 Mes	CORP	
(Name of Corporation as curren	ntly filed with the Florida D	ept. of State	<u> </u>	•
P/800003			.*	
	of Corporation (if known)			
	•			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	r adopts the f	following amen	dment(s)
A. If amending name, enter the new name of the corporation:	N/X		The	new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corp		r the abbrevia	ttion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				<b>-</b>
		/		<del>-</del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)				_
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		name of the		<del>-</del> 
	1001			1
Name of New Registered Agent	<u>.</u>			
(Florida	street address)			
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ions of the po	oxition.	
			20181	_
Signature of New	v Registered Agent, if changi	ıg	2018 NOV 13 PM SEGNITARY OF TALLAHASSE	

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:		<i>y omm, or an an om</i>	
X Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LOLYMAR TUENMAYOR	1195 Marsaille DrNS6
Add		, 	Miami Beach
Remove			<u>F133141</u>
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			<i></i>
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)
• • • • • • • • • • • • • • • • • • • •	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	,

The date of each amendment(s) a date this document was signed.	doption:	<del>,</del>	if other than
Effective date if applicable:			
	(no more th	an 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D		pplicable statutory filing requirements, this date will no is.	t be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ad by the shareholders was/were so		The number of votes cast for the amendment(s)	
		s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was	s/were sufficient for approval	
by		"	
	(voting group)		
☐ The amendment(s) was/were ad action was not required.	opted by the board of direc	ctors without shareholder action and shareholder	
action was not required.  Dated Signature	09 18		
		officer if directors or officers have not been  make hands of a receiver, trustee, or other court	
	ited fiduciary by that fiduc	iary)	
	1.1	FURNING VOD	
	LOLYMAN.	1 och meg on	
		Fuermayor  nted name of person signing)	
	(Typed or prin		