P1800046968

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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JUL 1 0 2018 S. YOUNG SECRETARY OF STAN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: #1 NY WIGS & B	UNDLES, INC	
	BER: P18000046968		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	AMER ZINA		
		Name of Contact Person	n
		Firm/ Company	
	1411 SAND LAKE RD #B		
	ORLANDO ,FL 32809	Address	
		City/ State and Zip Cod	e
SONI	A@GSTOLLEY.COM		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		331-8880
Name c	of Contact Person	at (at ()de & Daytime Telephone Number
	the following amount made		
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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

#1 NY WIGS & BUNDLES INC.

#1 INT WIGS & BUNDLES, INC.			
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
P18000046968			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		Ti	
	ation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
R. Enter new principal office address	if annlicable	1411 SAND LAKE RD #8	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32809	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1411 SAND LAKE RO #B	
		ORIANDO, FL 32809	
		4	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	AMER ZINA		
	1411 SAND LAKE RD	#B	
		reet address)	
New Registered Office Address:	ORLANDO	Fiorida 32809 Fig. 5	
		(City) (Zip Code)	
Now Bucket Library 61		· See -2	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with and accept the obligations of the position.	
. , , , ,		OR SYA GO	
	(ld)	Adis A	
	Signature of New I	Registered Agent, if changing	

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.

Evample: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		AIMAN HUSSEIN	8228 DUNHAM STATION DRIV
Add			-	TAMPA FL 33647
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				
KCHIOTC				

F.: If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NONE	
_	
	
	
F. If an amendment provides for an exch	nange, 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) NONE	

The date of each amendment(s	07/02/2018	, if other than the
date this document was signed.	s) adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	tis block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e 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):	
	cast 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	
07/02/: Dated	2018	
Signature	ass	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	AMER ZINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	