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SECNETAL OF STATE

TALLAHASSEE, FLORING

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: THE BALROOM SHOPPE, IN DOCUMENT NUMBER: P18000065570
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person THE BALLROOM SHOPPE THE Firm/ Company 2737 E OAKLAND PARK BLUD Address FT LAUDERDALF TL 3330 6 City/ State and Zip Code Challoob O Comall Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ADRIENNE BERLINGE at (954), 817-6556 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

_	or por action		
ALROOM	SHOPPE	Tr	JC
`			
0000 655	70		
	•		
Florida Statutes, this	Florida Profit Corporation	adopts the fo	ollowing amendment(s)
f the corporation:			
m SHOPI	PE IN C.		The new
he word "corporation" "Corp." "Inc." or "	n," "company," or "incorp Co". A professional corpo	orated" or ration name	the abbreviation
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rouistored office addr	tace in Florida, ontor the nu	no of the	000 05 05 05 05 05 05 05 05 05 05 05 05
		title of the	
SAME			<u>. </u>
(Florida str	eet address)		
		Florida	
New Registered Office Address:		1 lorida	(Zip Code)
		<i>c</i> .	
igent. I am familiar v	vith and accept the obligatio	ns of the po.	sition.
Signature of New R	egistered Agent, if changing		
	of ALTOOM rporation as currentle OOD 0 6 5 5 (Document Number of Florida Statutes, this file corporation: M SHOP (he word "corporation" or the abbreviation "or the abbreviation "olicable: ET ADDRESS) CE BOX) registered office address AME (Florida str. Amagent. I am familiar value of the str. I am familiar valu	ALROOM SHOPPE reporation as currently filed with the Florida Dep 0000 65570 (Document Number of Corporation (if known) Florida Statutes, this Florida Profit Corporation: M SHOPPE TO C. the word "corporation," "dompany," or "incorp" "Corp," "Inc." or "Co", A professional corpo" or the abbreviation "P.A." Dicable: ET ADDRESS) For ida street address in Florida, enter the naistered office address: SAME (Florida street address) (City) Ing Registered Agent: agent. I am familiar with and accept the obligation.	ALROOM SHOPPE In reporation as currently filed with the Florida Dept. of State) OOOD 65570 (Document Number of Corporation (if known) Florida Statutes, this Florida Profit Corporation adopts the form of the corporation: M SHOPPE IN C. The word "corporation." "dompany." or "incorporated" or "Corp." "Inc." or "Co". A professional corporation name of the abbreviation "P.A." SAME CE BOX) Glicable: SAME (Florida street address) Florida (City) Florida (City)

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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)	
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		<u>f issued shares,</u>
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation o idment if not contained in the amendm	ent itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of indirect if not contained in the amendment	ent itself:
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The date of each amendment(s) ad	option: <u> </u>	0 18		, if other than the
late this document was signed.	1	,		
Effective date if applicable:	- <u></u>			
	(no more the	in 90 days after amendn	vent file date)	
Note: If the date inserted in this bl document's effective date on the Dep			requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adop by the shareholders was/were suf		The number of votes ca	st for the amendment(s)	
☐ The amendment(s) was/were appropriately provided for e				
"The number of votes east f	or the amendment(s) was/	were sufficient for appro	oval	
hy				
	(voting group)			
☐ The amendment(s) was/were adopaction was not required.	oted by the board of direct	tors without shareholder	action and shareholder	
The amendment(s) was/were adopaction was not required.	· ·		on and shareholder	
Dated	1/31/18			
Signature W	1/31/18 Jeento B	erener		
Visà a on	rector, president or other o	officer – if directors of c		_
	, by an incorporator – if it ed fiduciary by that fiduci		trustee, or other court	
47,5	• •	ENNE BE	ERLINER.	
•	(Typed or prin	ted name of person sign	ing)	
_		suren		
	/ (Ti	itle of person signing)		