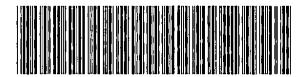
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

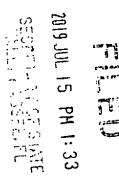
Office Use Only



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Avard

COVER LETTER

Division of Corporations NAME OF CORPORATION: OVER the DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

TO: Amendment Section

For further

Please return

n all correspondence concerning this matter to the following:
Edwin M. lugo
Name of Contact Person
Over the top French Buildogs IX
35 20 maple Ridge loop.
VISSIMME FL. 12-(711). City/ State and Zip Code
E-mail address: (to be used for fugire aphual report sourceation)
information concerning this matter, please call:
10 H. lugo an 400, 914-8212.
Name of Contact Person Area Code & Daytime Telephone Number
a check for the following amount made payable to the Florida Department of State:

Enclosed is

☑ \$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

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Over the top French Bulldages Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
33-1721892.	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	t(s) to
A. If amending name, enter the new name of the corporation:	
The new	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	क <u>म</u> ी
Principal office address MUST BE A STREET ADDRESS)	U 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TI
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Edwin 4. (CGO CECTRE). 35.20 Maple Ridge lap. (Florida street address)	
New Registered Office Address: LESSINVICE Florida HAY . (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New 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.

Example: XChange	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>∨</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	?	Lopez, Freddie Jr.	450d Assolanterlane.
Add			lissinnec F. 34758.
Kemove			
2) <u>×</u> Change Add	<u>UP</u>	Edwin H. lugo.	3500 Maple lidgelas Lissinge El. 34741.
Remove 3) Change Add	P	Edwin M. lugo	35 20 maple Pidgelo Virsing Fl. 34741.
Remove			<u>(())</u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

		ng additional A ets, if necessary			<u>here</u> :			
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If an amendr	nent pro	ovides for an ex ementing the an	change, recla	assification.	or cancellated in the am	<u>tion of issu</u>	ed shares,	
		e, indicate N/A)	nendinent ii	not contain	ed in the am	enament n	. <u></u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 77 11 2019.	
Signature Fresholi S	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	