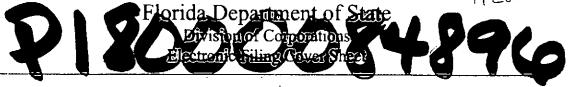
TO:18506176380 FROM:5619650938 Division of Corporations

Page:

H 200000 108683



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000010868 3)))



H200000108683ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGACY TAX, INC.

Account Number : I20120000069

Phone

: (561)683-3000

Fax Number

: (561)965-0938

Enter the email address for this business entity to be used for futurer: annual report mailings. Enter only one email address please.

Email Address: LEGACYTAX CORPS (a) GNA

COR AMND/RESTATE/CORRECT OR O/D RESIGN FINA COUTURE & MORE INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS Help JAN 13 2020

H200000108683

TO: Amendment Section

01/10/2020 12:57 PM PST

TO:18506176380 FROM:5619650938

HZ00000108683

COVER LETTER

Division of Corp	orations				
NAME OF CORPO	RATION: FINA COUTURE	& MORE, INC.	·		
DOCUMENT NUMI	BER: P18000084896				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ARNALDO J COUCELO				
		Name of Contact Person	1		
	COUCELO ASSOCIATES,	INC.			
		Firm/ Company			
	1601 BELVEDERE RD, SUI	TE 305S			
		Address			
	WEST PALM BEACH, FL 3	3406			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	?		
LEGA	ACYTAXCORPS@GMAIL.C	сом			
		sed for future annual report	notification)		
	•	•	. ,		
For further informatio	n concerning this matter, plea-	se cali:			
ARNALDO J COUC		at (561	_) 683-3000		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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)		
	ling Address		Address		
	endment Section ision of Corporations	Amendment Section			
	Box 6327		n of Corporations entre of Tallahassee		
	ahassee, FL 32314		V. Monroe Street, Suite 810		
1 441		Tallahassee, FL 32303			

TO:18506176380 FROM:5619650938

Page:

H200000108683

Articles of Amendment to Articles of Incorporation of

FINA COUTURE & MORE, INC.	•		
(Name of Corporation as curre	ntly filed with the Florida De	ept. of State)	—
P18000084896			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:			
FINA COUTURE TAILOR & 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 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A professional corporation N/A N/A N/A	JAN 10 AM 8: 36 RETARY DE STATE ALLAHASSEE, FL	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address		ame of the	
Name of New Registered Agent N/A			
name of free neg sterea agent			
(Florida	street address)	<u> </u>	
New Registered Office Address: N/A	,	Elecido	
New negatives Office Authors.	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligation	ons of the position.	
Signature of New	Registered Agent, if changing	<u> </u>	

TO:18506176380 FROM:5619650938

Page:

5

HZ00000108683

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 Do	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	one <u>s</u>		
X Add	<u>sv</u>	Sally Si	mith .	•	
Type of Action (Check One)	<u>Title</u>		Name .	Address	
1) Change			N/A		2020 JAN 10 SECRETARY TALL/IHA
Add					ARE JAN
Remove					
2) Change		_		<u>·</u>	AK 8:
Add					$ ightharpoons \sim \sim \sim$
Remove 3) Change	· 	_			rii o
Add					
Remove					
4) Change		<u>.</u>			
Add					
Remove					
5) Change		_		· .	
Add					
Remove					
6) Change					
Add					
Remove					

\sim	•	,	4	0	,	•	\sim	σ.	\sim	
. 1		,		11	,	_				

12:57 PM PST TO:18506176380 FROM:5619650938 Page: 6

H200000108683

· .	·
· · · · · · · · · · · · · · · · · · ·	
	202
	<u> </u>
	JAN LLA
	FR 6
	2020 JAN 1 0 AM SECRETARY OF TALLAHASSEE
	
	- 17A 36
	. rri
n amendment provides for an exchange, reclassification, or cancellation of issued shares,	
oxisions for implementing the amendment if not contained in the amendment least.	
(if not applicable, indicate N/4)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

ļ.	1200000108683
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)	
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	38 201
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	CRET
(voting group) The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder ac action was not required. Dated 1/9/2020	tion and shareholds
1/9/2020 Dated	AH 8: 36 OF STATI
Signature / ##	- H 6
(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 con appointed fiduciary by that fiduciary)	
MAGALY ALTAGRACIA RODRIGUEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

TO:18506176380 FROM:5619650938

01/10/2020 12:57 PM PST

Page: