P19 0000 30061

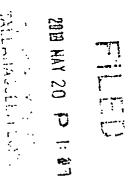
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 4 MY GIRLS INC			
DOCUMENT NUME	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	NOEL E ESCOBAR II			
		Name of Contact Perso		
	THE TALLY CONSULTING	G GROUP INC		
		Firm/ Company		
	1904 SW SAINT ANDREW	• •		
		Address	<u> </u>	
	PALM CITY, FL 34990	, Marcia		
		City/ State and Zip Coc	le	
		,		
mssuc	414@aol.com			
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	n concerning this matter, pleas	se call:		
SUZ ANNE MADISO	N'	917 at (468-6200	
Name o	of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

of 4 MY GIRLS, INC	FILED
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P19000030061	2813 MAY 20 P 1: 87
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "c word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	13880 WELLINGTON TRACE, UNIT 36
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WELLINGTON, FL 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	-
Ælorida sire	eet address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(cap)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	
Signature of New R	egistered 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: 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>	<u>Addres</u> s
II Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
•			
6) Change			
Add			
Remove			

Attach <i>ada</i>	litional sheets, if necessar	ry). (Be specific)			
					
					·-·
	_				
<u>=</u>					-
		_			
					
<u>f an amei</u>	idment provides for an e	exchange, reclassifi-	cation, or cancellat	ion of issued share:	<u>8,</u>
provision	s for implementing the:	<u>amendment if not co</u>	ontained in the ame	<u>endment itself:</u>	
(if no	t applicable, indicate N/s	1)			
		-,			
					
	···-				
				-	_ _

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 document's effective date on the Department of State's records.	date 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 east for the amendmen by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05-15-2019	
Dated	
Signature Manuel Vieta	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
SUZANNE MADISON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

. . . .