## 19 0000 34

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bı	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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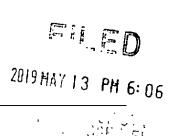
C. GOLDEN MAY 23 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LLOOKS THA	T KILL BY SCARLETT ADDAMS INC	
DOCUMENT NUMBER: P19000034578	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	RUTH REAL	
	Name of Contact Person	
	RUTH REAL & ASSOCIATES	
-	Firm/ Company	
	4995 NW 72 AVE, SUITE 408	
	Address	
	MIAMI, FL 33166	
	City/ State and Zip Code	
	RUTHREAL40@GMAIL.COM	
E-mail address: (to b	e used for future annual report notification)	
For further information concerning this matter, p	lease call:at ()	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
S35 Filing Fee Certificate of Statu		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Ciffon Building 2661 Executive Center Circle Taliahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



## LLOOKS THAT KILL BY SCARLETT ADDAMS INC

(Name of	Corporation as currently	filed with the Florida Dept. of State)	
	P19000034578		10E)
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this $F$	Ilorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
LOOKS THAT KILL BY SCARLETT AD	DAMS INC		The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "C	" "company," or "incorporated" or the o". A professional corporation name must.A."	abbreviation t contain the
B. Enter new principal office address, if (Principal office address MUST BEA STE			
	hts.		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of			
D. If amending the registered agent and/	or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent			_
-	(Florida strev	et address)	
New Registered Office Address.		Florida	
	<i>(</i> C	City) (Zij	p Code)
Nam Danistanad Agant's Cignotons (Fobosci	naina Pagistarad Agants		
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ad agent. I am familiar wi	ith and accept the obligations of the position	1.
	Constant of Van Ba	oistered 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:

 $P = President; V \cdot Vice President; T = Treasurer; S = Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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			<del></del>
Remove			<del></del> :
6) Change		_	
Add			
Remove			

E. If amending or adding additional	Articles, enter change(s) here:
(Attach additional sheets, if necessor	iny). (Be specific)
AMENDING CORPORATION NAM	ie
<del></del>	
•	
. If an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the	amendment if not contained in the amendment itself:
(if not applicable, indicate N/.	#) [
·	
	<u> </u>
<u>.</u>	

	4/17/19	
The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
C		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	(110 110) t than in tages allowants of the	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, timent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendation for approval.	nent(s)
	red by the shareholders through voting groups. The following such voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
, MAUREEN NINO	_	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	der
Dated	1 5/7/19	
Signature	Ge no	
(By a direc	tor, president or other officer - if directors or officers have not	been
	y an incorporator - if in the hands of a receiver, trustee, or othe	
	fiduciary by that fiduciary)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
М	AUREEN NINO	
	(Typed or printed name of person signing)	
DI	  ESIDENT	
111		
	(Little of person signing)	