P19 000064718

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AUG 15 2020 I ALBRITTON

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

AUto Moven firoup in	JC
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P190006471	(C)
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Alessia Rose Creations	The new
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A B
	1
C. Enter new mailing address, if applicable:	NIA CONTRACTOR
(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 VIA	
Name of the Medister Section	
(Florida stre	eet address;
NIA	NIA
New Registered Office Address: Y H	, Florida V 1 1 1 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
r nerety accept the appointment as registered agent. I am juntatur w	чин ана ассерстве отядинот ој те ромнот.
A M	egistered Agent, if changing
Signature of New Re	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) MR Change	NA	NIG	NIA
NW vaa	·		<del></del>
N/FRemove	j	. 110	
2) MA Change	NK	NIA	NA
77/1/2 vqq	,		1
Remove 3) Why Change	NA	NA	NA
<b>V</b> Maa			1.
N/A Remove	1	110	
4) MA Change	NA	NA	NA
M/R Add		,	····
Nemove Remove	مالم		
5) W/A Change	NW	NIA	NA
N Andd			
NM Remove	n sh		- I I
6) NA Change	10/4	NA	NH
NAdd	•		
N Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(Attach daditional sneets, ty necessary). (Be specific)
- · · · · · · · · · · · · · · · · · · ·
F. 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/A)
NH

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The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	<del></del> -
(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 will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 7 2 2020	
Signature (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)	
Maria B-Cabrera	
(Typed or printed name of person signing)	<del></del>
Vice President	
(Title of person signing)	