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COVER LETTER

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Charles Nicole Inc.
DOCUMENT NUMBER: <u>P2000009560</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charleen Nicole
Name of Contact Person Name of Contact Person Firm/ Company
- 8270 Woodland Center Blvd
Tampa, FL 33614 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charlen Dicole at 727 504-5632 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Charleson Wille Too		
(Name of Corporation as currently	y filed with the Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Torida Depa of Otale)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
		231
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."	ompany," or "incorporated" or the abbrevio professional corporation name must con	The new ation "Corp.," tain the word
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)		2620
MAT BE A POST OFFICE BUX		<u> </u>
		
		ω .
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		1: 00
Name of New Registered Agent		0
		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(C	a	Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position	•
Signature of New Reg	istered Agent, if changing	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)) C.C.	
(11) (e)	J, L.O.	

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PCED	Charleen Nicule	8545 Boardwalk Path Dr
Add Remove 2) Change Add	TS_	Zbaria Smith	Flot 331-D Temple Temacy FL33637 8545 Board walk Path Dr Apt 331-D
Remove Change			Temple Terrace, FL 3363
Add Remove 4) Change Add			2020 DEC 23 PH
Remove 5) Change Add			
Remove Change Add			
Remove			

ttach additional	lding additional Arti sheets, if necessary).	(Be specific)			
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					2020 DEC 23
ın amendment i	provides for an excha	inge, reclassification	or concellation o	fissuad cha-as	1/2
<u>ovisions for im</u>	plementing the amen	dment if not contain	ed in the amendm	ent itself:	
(if not applica	ble, indicate N/A)				P
					7.
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	·····		<u> </u>		·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 n document's effective date on the Department of State's records.	ot 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 shaction was not required.	nareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	anon neu 2
by	ည်း ကြား ႏို
Signature (h) a director, president or other officer – if directors or officers have not been	1:00
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)	<u></u>
Fresident + Chief Executive of	Ficer