P20000075332

VOIDED (Requestors Name)				
• • • • • • • • • • • • • • • • • • • •				
DUPLICATE				
FILING				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

VOIDED DUPLICATE FILING

Office Use Only



200366443652

06/01/21-+01039--019 **35.00

OT 2000 PED DUPLICATE FILING



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Lissette's Craf	t Corner, Inc.			
DOCUMENT NUMBER:	P20000075332				
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.			
Please return all correspondence of	oncerning this ma	itter to the following.			
	Lissette Santia	ago			
		Name of Contact Perso	n		
-	37140 SW 20	Firm/ Company			
-		Address			
	Florida City,				
		City/ State and Zip Cod	e		
	jrlissette@gn	nam.com sed for future annual report	notification		
for further information concerning		·	,		
Lissette Santiago		786 at (436-3099)		
Name of Contact Po	erson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the followi	ng amount made	payable to the Florida Dep.	artment of State:		
-	75 Filing Fee & ficate 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Lissette's Craft Corner, Inc.



(Name of Corporation as currently filed with the F

P20000075332

(Docu	iment Number of Corporation (if kn	own)
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendme
A. If amending name, enter the new name of the	corporation;	
JLS Design		
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	;" or "Co". A professional corp	The _ new rporated" or the abbreviation "Corp.," poration name must contain the wora
B. Enter new principal office address, if applicable of the Application of the Applicatio	le: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
 If amending the registered agent and/or registered agent and/or the new registered. 	ered office address in Florida, ent d office address:	er the name of the
Name of New Registered Agent		
	(Florida street address)	 -
New Registered Office Address:		, Florida
	(City)	(Zsp Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	<u>gistered Agent:</u> I am familiar with and accept the e	obligations of the position.
Sign	uture of New Registered Agent, if ci	hanviny
. प्रि	unure of New Registered Agent, if c	nanging

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	VOIDEI	\mathbf{O}
X Add	<u>sv</u>	Sally Smith	DUPLIC	CATE
Type of Action (Check One)	Title	<u>Name</u>	FILING	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove Change		<u> </u>		
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change			····	
Add				
Remove				
6) Change				
Add				
Domova				

DUPLICATE

шасп <i>ашинонан sneets, 1</i> 5	Iditional Articles, enter change(s) here: f necessary). (Be specific)
	VOIDED
	DUPLICATE
	FILING
· • ·	
<u>rovisions for implement</u>	s for an exchange, reclassification, or cancellation of issued shares, ting the amendment if not contained in the amendment itself:
(if not applicable, indi	licate N/A)
·	
	VOIDED
	VOIDED DUPLICATE

The date of each amendment(s) adoption: _date this document was signed.	VOIDED	, 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 document's effective date on the Department	not meet the applicable statutory filing req of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting groups. The aggroup entitled to vote separately on the ag	following statement nendment(s):
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by		" MOIDED
(n	oting group)	VOIDED
May 25, 200	21	DUPLICATE
DatedSignature	ett, Gas tiaco	FILING
(By a director, pre selected, by an in-	esident or other officer – if directors of office corporator – if in the hands of a receiver, true ry by that fiduciary)	ers have not been stee, or other court
	Lissette Santiago	
VOIDED	(Typed or printed name of person signing)	
VOIDED	President	
DUPLICATE——	(Title of person signing)	
FILING		

VOIDED DUPLICATE FILING