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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: SHENIQUE'S KLO	OSET INC.	
DOCUMENT NUM	0.21/0.0/01/2/2/2		
The enclosed <i>Article</i>	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma-	tter to the following:	
	ALVARO MCLEAN		
		Name of Contact Persor	
	HEADSTART TAX AND FI	NANCIAL SOLUTIONS I	INC
		Firm/ Company	
	6151 MIRAMAR PARKWA	• •	
		Address	
	MIRAMAR, FL 33023		
		City/ State and Zip Cod	e
	ALVARO@HSFINANCIAL	SOL.COM	
	~	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	699-0305
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number
	for the following amount made		
S35 Filing Fee	☐\$43.75 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 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

SHENIQUE'S KLOSET INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000017767	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendrits Articles of Incorporation:	nent(s
A. If amending name, enter the new name of the corporation:	
The no	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the wo "chartered," "professional association," or the abbreviation "P.A."	rd
B. Enter new principal office address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	
	-
	- (.,7
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	T
28 - F	
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	·)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the remainded in the registered agent and/or the new registered office address:	
	-
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	_
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Thereby accept the appointment as registered agent. I am juintain with and accept the appointment as registered agent.	
Signature of New Registered Agent, if changing	
Check if annlicable	

☐ 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	SIMONE SCOTT	6151 MIRAMAR PARKWAY
X Add	4	<u> </u>	SUITE 113
Remove			MIRAMAR, FL 33023
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional sheets, if nece.	ssary). (Be s _i	recific)				
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an amendme	nt proyides for	an exchange,	reclassification,	or cancellation	of issued sh	ares,	
	implementing (th <u>e amendmen</u>	t if not containe	ed in the amen	dment itself:		
<u>rovisions for </u>	licable, indicate	N/A)					
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	07/22/2021	, if other than the
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
	/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this blocument's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for ap	proval
bv		
<u> </u>	(voting group)	
07/22/2021		
Signature	rector, president or other officer – if directors or	
selected	rector, president or other officer — if directors or , by an incorporator — if in the hands of a received fiduciary by that fiduciary)	rofficers have not been rer, trustee, or other court
	CLAUDETTE JOHNSON	
	(Typed or printed name of person sig	ening)
	Chyptite Soal	<u>C</u>
	(Title of person signing)	