## P21000041819

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2021 SEP 15 PH 12: 43

A. Rutter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	DAISY GIFTS CORP				
DOCUMENT NUMB	P21000041819					
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	oondence concerning this ma	atter to the following:				
		SANCHEZ, LINDA G				
-	Name of Contact Person					
	DAISY GIFTS CORP					
-	Firm/ Company					
	20601 NE 15TH CT					
-	Address					
	MIAMI, FL 33179					
-	City/ State and Zip Code					
		lindadels@att.net				
	E-mail address: (to be u.	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
SANCHEZ, LINDA G		at (786	506-6295			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Street Address

Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

DAISY GIFTS CORP

FILED

	DAIST OILL	3 COKF	المن المناسبة	
(Name of Corpor	ration as currently	filed with the	Florida Dept. of State) 2021 SEP 15 PH 12: 43	
(Do	cument Number of C	Corporation (if	known) RELACT OF STATE	
ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	rida Statutes, this FI	lorida Profit C	Corporation adopts the following an	nendment(s
. If amending name, enter the new name of the	e corporation:			
			Th	e new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Ce	o". A profess		
. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>		<del> </del>		
		<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOV)			
mauing address MAT BE A POST OFFICE	<u>BUA</u> )			
If amending the registered agent and/or registered agent and/or the new register		<u>ss in Florida, e</u>	enter the name of the	
Name of New Registered Agent				
	(Florida street	t address)		
New Registered Office Address:			, Florida	
	(C	lity)	(Zip Code	)
ou: Pagistarad Agant's Signature if shareing E	Paristanad Amaus.			
ew Registered Agent's Signature, if changing Finereby accept the appointment as registered agen	tegistered Agent: 1. I am familiar wit	h and accept t	he obligations of the position.	
	•	,	<i>y y</i>	
Si	ignature of New Reg	istered 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 = 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 <math>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>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BONACHEA, SURIZADAY	5280 NW 55TH BLVD APT 303
Add			COCONUT CREEK, FL 33073
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

	y). (Be specific)			
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			<del></del>	
an amendment provides for an ex	cchange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for implementing the ar	<u>mendment if no</u> t co	ation, or cancella ntained in the am	tion of issued sha endment itself:	res,
an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	<u>mendment if no</u> t co	ation, or cancella ntained in the am	tion of issued sha endment itself:	res,
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provisions for implementing the ar	<u>mendment if no</u> t co	ation, or cancella	tion of issued sha endment itself:	res,

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 locument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/31/2021 Dated	
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)	<del></del>
SANCHEZ, LINDA G	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)