P21000062092

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FEST GIFT DI	ESIGN LLC
DOCUMENT NUMBER: P21000062092	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
LEON LARES, GUSTAV	VO ADOLFO
	Name of Contact Person
	Firm/ Company
17 SIMONTON CIR	
	Address
WESTON, FL 33326	
	City/ State and Zip Code
gustavolconlares@gmail.c	com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Xavier Marmol	at (786) 2009711
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FEST GIFT DESIGN LLC	
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P21000062092	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
FEST GIFT DESIGN CORP	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.," A 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 JUL 2
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ress in Florida, enter the name of the 90
Hame by Hen Registered Agent	
(Florida stre	vet 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 w	
Signature of New Re	egistered Agent, if changing
Check if applicable	

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

Example:

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 Do	<u>ac</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	nange, reclassification	on, or cancellation o	of issued shares,	
provisions for implementing the ame	nange, reclassification	on, or cancellation of nined in the amendr	of issued shares, nent itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not conta	on, or cancellation on the sine of the sin	of issued shares, nent itself:	
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provisions for implementing the ame	hange, reclassification	on, or cancellation on the amendr	of issued shares, nent itself:	

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after am	nendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vot sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting gree for each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for	r approval
by	(voting group)	
	(voting group)	
Dated クラ	Gustavo León	
Signature	Gustavo León	
(By a selec	director, president or other officer – if directors ted, by an incorporator – if in the hands of a recinted fiduciary by that fiduciary)	s or officers have not been civer, trustee, or other court
	LEON LARES, GUSTAVO ADOLFO	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	

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