P21000066126

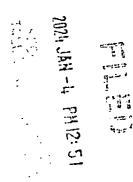
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: WHITE CLOSET	BRIDAL FT. MYERS CO	
DOCUMENT NU	JMBER: P21000066126		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	-	Name of Contact Person	1
	API Law		
		Firm/ Company	
	260 S 1200 W		
		Address	
	Orem, UT 84058	·	
		City/ State and Zip Cod	e
	filings@api.law		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
Karen		at (480	801-9107
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	© \$43.75 Filing Fee & Certificate 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, FL 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

WHITE CLOSET BRIDAL ET MVERS CO

(Name of Cornoration as currently	filed with the Florida Dept. of State)
P21000066126	med with the crossing pepting of game,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	70
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	the state of the s
	-D
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	55 In Florida, enter the name of the
	·
Name of New Registered Agent	
(Florida stree	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 wi	th and accept the obligations of the position.
Signature of New Reg	ristered Agent, if changing
Ch. 1.96	

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)

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Condy A Rivera	1403 MCCREA DRIVE
Add			LUTZ, FL 33549
Remove 2) Change	P	ERC group, inc	30 N Gould St Ste R
X Add	- ·-		Sheridan, WY 82801
Remove 3) Change	D	Cindy A Rivera	
X Add			1403 MCCREA DRIVE
Remove			LUTZ, FL 33549
4) Change			
Ad d			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	ets, if necessary).	icles, enter change (Be specific)			
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provisions for imple	ementing the ame	nange, reclassificat ndment if not con	ion, or cancellation tained in the amend	of issued shares, lment itself:	
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provisions for imple	ementing the ame	nange, reclassificatendment if not con	tion, or cancellation	of issued shares, lment itself:	

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The date of each amendment(s) adoption date this document was signed.	on:	, if other than th
Effective date if applicable:		
Enecure date ir applicable.	(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of direc	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	•	votes east for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for th	e amendment(s) was/were sufficient	for approval
by	(voting group)	.,,
	(voting group)	
12/19/2023 Dated		
Signature		
(By a directo selected, by	r, president of other officer – if direct an incorporator if in the hands of a luciary by that fiduciary)	
Cind	y Rivera	
	(Typed or printed name of pers	son signing)
Presi	dent	

(Title of person signing)