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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Xstasy Beachwear Inc DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chaundra Jones Name of Contact Person Xstasy Beachwear Inc. Firm/ Company 34 NW 7TH AVE Address Delray Beach, Florida 33444 City/ State and Zip Code Xtasybeachwear@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 421-9996

Area Code & Daytime Telephone Number Chaundra Jones Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

RECEIVED

Xstasy Beachwear Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: Xtasy Beachwear Inc name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevials "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: P.O.Box 7634 (Mailing address MAY BE A POST OFFICE BOX) Delray Beach, Florida 33482 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address; . Florida, 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. Signature of New Registered Agent, if changing 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>	<u>John Doe</u>		
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		_ _		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		<u> </u>		
Add			-	
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

11 (1)	nending or adding additional Articles, enter change(s) here:
(Atta	chadditional sheets, if necessary). (Be specific)
_	
_	
F. <u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pre</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
. <u> </u>	

The date of each amendment(s date this document was signed.	03/14/2022 adoption:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	Trong group	
03/14/2	022	
Dated		
Signature 💆	New lens	
(Hy	a director, president or other officer – if directors or officers have not been	_
sele app	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Chaundra Jones	
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	