P22000026405

(Rec	questor's Name)	
(Add	fress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies		
Special Instructions to F	Filing Officer:	
	J. HO' DEC 1	RNE 5 2022

Office Use Only

600394333586

09/15/22--01011--011 **35.00

2022 SEP 15 PH 12: 01

. .

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: NINA TAMI STORE CORP
NAME OF CORPORATION: NINA TAMI STORE CORPORTUMENT NUMBER: 1220000 26405
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luz Tami
Name of Contact Person
Firm/ Company
24662 SW 108 Ave
Homes tead, FL 33032 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Luz Tami at (305) 728 - 9900 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

	Articles of Incorpo	ativii
	of	
	$\leq L_{\alpha}$	(1000
1 10/1 1	111167	

Mask S. P. Roos Ning Tami Store (ORF)

(Name of Corporation as currently filed with the Florida Dept. of State)

122000026405

(December of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of	the corporation:	
Tamenating indirectines the new indirection	(ICC CO.) PARTIES OF THE CO.	The ne
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the t	"Inc," or "Co". A professional co.	corporated" or the abbreviation "Corp.,
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new regist		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
		(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.

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)

Remove

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>VP</u>	LINA P. Tomi	Homestead, FL 33032
Add			Homestead, FL 33002
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach	nding or adding additional sheet.	additional Articles, if necessary).	ies, enter d (Be specifi	change(s) here: (ic)
10	Add	EIN!	88-	1401682
-				
.	<u> </u>			
 .				
		<u></u>		
		_	-	
	-			
			_	
provi		nenting the amen		ssification, or cancellation of issued shares, not contained in the amendment itself:
_				
				

. .

The date of each amendment(s) adoption: 09 108 200 2 , if other than the date this document was signed.
Effective date if applicable: 09 08 2022
Effective date if applicable: 09 08 2022 (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Dated 09/08/2022
Signature × // (O
(By a directof, 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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Rresident
(Title of person signing)