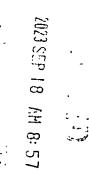
## P23000011920

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## **COVER LETTER**

TO: Amendment Section 'Division of Corporations

NAME OF CORPORATION: BIRTHDAY	OUTFITS CORP
DOCUMENT NUMBER: P23000011920	0
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
<del></del>	LISANDRA SILVA ROMERO  Name of Contact Person
	BIRTHDAY OUTFITS CORP
	Firm/ Company
304	16 DEL PRADO BLVD S STE 2B
	Address
	CAPE CORAL, FL 33904
	City/ State and Zip Code
	. 01
	act@birthday-outfits.com  used for future annual report notification)
, man address. (10 oc	s used for future annual report notification)
For further information concerning this matter, pl	lages with
r or tarmer anormation concerning this matter, pr	icase can.
LISANDRA SILVA ROMERO	) 1796)
Name of Contact Person	at ( (786) ) 847-9645  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BIRTHDAY OUTFITS CORP

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(Name of Corporation	as currently	filed with the	e Florida Do	ept. of State)

	P230000	11920		}. 1	• -
	(Document Number	of Corporation (if known)		<del></del>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the fo	llowing am	endmen
A. If amending name, enter the new n	ame of the corporation:				
N/A		<del>-</del> -		The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbi name_must	eviation "C contain the	orp. " word
B. Enter new principal office address,		3046 DEL PRADO	D BLVD S	STE 21	3
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	CAPE CORAL, FI	33904		
			·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		3046 DEL PRADO	BLVD S	STE 2E	3
		CAPE CORAL, FI	33904		
D. If amending the registered agent an new registered agent and/or the new			ame of the		
Name of New Registered Agent	LISANDRA SILVA	ROMERO			
	3046 DEL PRADO				
	(Florida st	reet address)			
New Registered Office Address:	CAPE CORAL		, Florida	33904	
		(City)		(Zip Code)	
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation  A	ons of the pos	ition.	
	Q.	Wa,			
<del>**</del>	Signature of New F	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.

Example: X Change	<u>PT</u>	John Doe	
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		REISBEL MACHADO	200 EL DORADO BLVD S
X Add			CAPE CORAL, FL 33991
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
RECLASSIFICATION OF SHARES-NEW NUMBER OF PERCENTAGE OF OWNERSHIP	
- LISANDRA SILVA ROMERO: 50 %	
- REISBEL MACHADO: 50 %	

The date of each amendment(s) adoption: 09/06/2023	, if other than the
date this document was signed.	
Effective date if applicable: 09/06/2023  (no more than 90 days after amendment fit	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am	following statement nendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by(voting group)	
(voting group)	
Dated_09/06/2023	
Signature (By a director, president or other officer – if directors or officer	ers have not been
selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	siee, or other court
LISANDRA SILVA ROMERO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	