# P2400005438

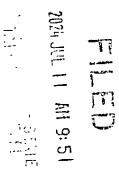
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer	
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#### **COVER LETTER**

Division of Corporations Savage Daugnters Vintage Apparel, Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janters Vintage For further information concerning this matter, please call: at ( 407 ) 419-0453

Area Code & Daytime Telephone Number 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 Certified Copy (Additional copy is enclosed) (Additional Copy

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

# Articles of Amendment

## Articles of Incorporation

of

Savage Dayahters Vintage	Apparel IndLED
	filed with the Florida Dept. of State)
P2400005438	2024 JUL 11 AM 9:51
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	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."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NJA
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent	ss in Florida, enter the name of the
Nume of New Registered Agent	
(Florida stree	at address)
New Registered Office Address: NA	·
	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Simulation CV D	
Signature of New Reg	vistered 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	Doc	
X Remove	V Mike	: Jones	
X Add	SV Saily	<u> / Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ND	Angila Toher	804 Oah St.
Add Remove			Melbourn beach, FL 32907
2) Change			
Add			
Remove 3) Change			
Add			
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4) Change			
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5) Change			
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Remove			
6) Change	<del></del>		
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	f necessary). (Be specific)		
	NIA		
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an amendment provide	s for an exchange, reclassificat	tion, or cancellation of iss	ued shares,
ovisions for implemen	ting the amendment if not con-	tion, or cancellation of iss tained in the amendment	ued shares, itself:
rovisions for implemen (if not applicable, ind	ting the amendment if not con- licate N/A)	tained in the amendment	itself:
rovisions for implemen (if not applicable, ind	ting the amendment if not con- licate N/A)	tained in the amendment	itself:
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rovisions for implemen (if not applicable, ind	ting the amendment if not con- licate N/A)	tained in the amendment	itself:

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The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
ment date it apprendie.	(no more than 90 days after umendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the americant for approval.	endment(s)
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders through voting groups. The followin ach voting group entitled to vote separately on the amendmen	g statement t(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Jun	2 26, 2024	
Signature Ba	also the Oliva	
	ector, president or other officer - if directors or officers have r	not been
selected,	by an incorporator - if in the hands of a receiver, trustee, or o	ther court
appointed	fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
_	<u> President</u>	
	(Title of person signing)	