

P94DDDD 66467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

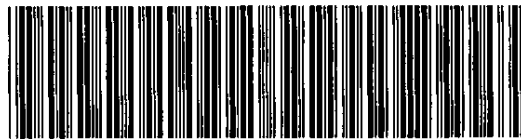
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/04/14--01015--004 **43.75

FILED
14 SEP -2 PM 4:06
MILWAUKEE, WI

Amend/CC
DC 09/05/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2014

DEBORAH SUE MATHIEU
CIARA DESIGNS INC
P.O. BOX 1032
MANGO, FL 33550

SUBJECT: CIARA DESIGNS INC
Ref. Number: P94000066467

We have received your document for CIARA DESIGNS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00017401

RECEIVED
SEP -2 PM 12:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Ciara Designs, Inc.

PO Box 1032

Mango, FL 33550

P (813)664-1966

F (813)620-0790

08/26/2014

To: Florida Dept of State

Re: Amendment to articles of incorporation

Please find the enclosed documents corrected as requested. The phone listed on the cover sheet is the current business phone number if you need to reach me in the future.

Regards,



Deborah Mathieu

Office Manager, Treasurer

.....

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ciara Designs, Inc.

DOCUMENT NUMBER: P94000066467

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Sue Mathieu

Name of Contact Person

Ciara Designs, Inc.

Firm/ Company

PO Box 1032

Address

Mango, FL 33550

City/ State and Zip Code

ciaradesigns@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Mathieu

Name of Contact Person

at (813) 664-1966

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Ciara Designs, Inc

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

P94000066467

(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:

n/a

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

no change

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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

Deborah Sue Mathieu

3801 N. 41st Street

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida

33610

(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.

Deborah Sue Mathieu

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07-31-2014

Signature Deborah Sue Mathieu

(By a director, 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)

Deborah Sue Mathieu

(Typed or printed name of person signing)

Treasurer

(Title of person signing)