## P98000014934

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ORIGINALS, INC. DOCUMENT NUMBER: P98000014934 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SYLVIA KOUTSOPONTIS

Name of Contact Person ESKAY ACCOUNTING SERVICE, INC
Firm/Company 1821 LEE STREET
Address HOWYWOOD FL 33020 City/ State and Zip Code Sophia @bellsouth.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SVLVIA Koutsonoutis at 954 924-1571

Name of Contact Person 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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	
(Name of Corporation as currently filed with the Flo	<u></u>
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
198000014	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 18 AM II: II SSE FLOOMS
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	······································
(Florida stree	at address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar was	th and accept the obligations of the position.
Signature of New Registered As	pent, if changing

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	2	<u>Addres</u> s
1) Change	<u>VP</u>	TH	OMAS ROTZINGER	
Add Remove				MIAMI, FL 33185
2) Change				
Remove				
3) Change Add				
Remove				
4) Change Add			<u> </u>	
Remove				
5) Change Add				
Remove				
6) Change Add	<u></u>	<del>.</del>		
Remove				

f 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)		adding additional A al sheets, if necessary	). (Be specific)			
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provisions for implementing the amendment if not contained in the amendment itself:						
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	provisions for	<u>implementing the an</u>	nendment if not co	ntained in the amen	dment itself:	

9/12/2012
The date of each amendment(s) adoption:
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)
(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.
Dated9   12   20   12
Signature  (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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PLESIDENT D  (Title of person signing)
(Title of person signing)