

P98000062973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

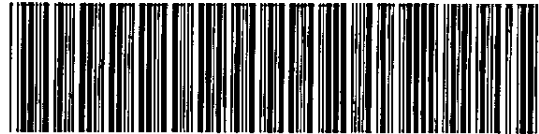
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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002005-11010-010 **43.75

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:57

FILED

Rs 11/15/05
WJC



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 26, 2005

CARRIE STEINDFSON
BASKETS BY CARRIE, INC.
111 SANTIAGO DR, UNIT 104
JUPITER, FL 33458

SUBJECT: BASKETS BY CARRIE, INC.
Ref. Number: P98000062973

We have received your document for BASKETS BY CARRIE, 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):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

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.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 505A00064870

RECEIVED
05 NOV -7 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Baskets By Carrie, Inc.

DOCUMENT NUMBER: P98000062973

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

Please return all correspondence concerning this matter to the following:

Carrie Steinolfson
(Name of Contact Person)

Baskets By Carrie, Inc.
(Firm/ Company)

111 Santiago Drive Unit 104 ~~Jupiter, FL 33458~~
(Address)

Jupiter, FL 33458
(City/ State and Zip Code)

For further information concerning this matter, please call:

Carrie Steinolfson at (561) 622-7799
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

The date of each amendment(s) adoption: 11-1-05

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

Adoption of Amendment(s) **(CHECK ONE)**

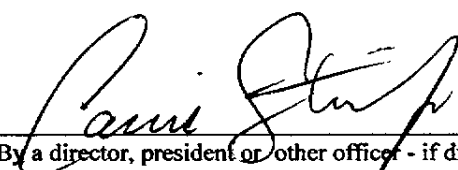
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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.

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)

Carrie Steinolfson
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35