P10000094463

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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JUL 08 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	JSQUAD CLOTHING INC.	
DOCUMENT NUMBER:	JSQUAD CLOTHING INC. P10000094463	
The enclosed Articles of Amendme	nt and fee are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
	MANISH VAID Name of Contact Person	
	Name of Contact Person	
	JSQUAD CLOTHING INC Firm/Company	
	807 E. 12 th Stv # 224 Address	
	Address	
Los ANGEUES CA 90021 City/ State and Zip Code		
E-mail a	ddress: (to be used for future annual/report notification)	
For further information concerning	his matter, please call:	
MANISH	The son at (323) 332-8457 Area Code & Daytime Telephone Number	
Name of Contact Per	son Area Code & Daytime Telephone Number	
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:	
	S Filing Fee & Certified Copy (Additional copy is enclosed) Cate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Secti Division of Corpo		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendr	nent(s)
A. If amending name, enter the new name of the con	prporation;	
	The ne	714)
	d "corporation," "company," or "incorporated" or the abbreviation" "Inc," or "Co". A professional corporation name must contain to	on
B. Enter new principal office address, if applicable:	· Says ·) ##
(Principal office address MUST BE A STREET ADD		Ä .
		= =
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The second secon	
C. Enter new mailing address, if applicable:		5
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	5 5
	<u> </u>	•
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Lip Code)	
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.	
G:	stung of Nav Pagintaged Apart if above in	
Signa	ature of New Registered Agent, 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 <math>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>	Name	Address
1) Change	P	MANISH VAID	807 E 12th Str # 224 Los Angeles, CA 90021
Add			Los Angeles CA90021
X Remove			
2) Change	P	MANPREET KAUR	222 S. FIGUEROA STR
Add			APT # 619
Remove			LOS ANGELES, CA90012
3) Change			
Remove	,		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	ng or adding additio ditional sheets, if nece	ssary). (Be specif	îc)			
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provision	ndment provides for is for implementing to at applicable, indicate	he amendment if n	ssification, or can ot contained in th	cellation of issued e amendment itsel	<u>shares,</u> <u>f:</u>	
	<u></u>					
						

The date of each amendment(s) addate this document was signed.	doption: 06/29/16	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen flicient for approval.	ut(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	06/26/16.	
(H) and schools	resident or other officer — if directors or officers have not bee i, by an incorporator — if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	