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09 DEC -7 PM 5: SECRETARY OF STA FALLAHASSEE, FLOI

APPROVED AND FILED

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION:	Best Designers, Inc.	
DOCUMENT NUN	ИВЕR:	P09000030852	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
-	N	Zuly R. Rojas lame of Contact Person	
_	Ве	est Designers, Inc. Firm/ Company	
_	4005	NW 114th Ave. Suite 8 Address	
_		oral, Florida 33178 ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	Culy R. Rojas of Contact Person	at (<u>305</u>) <u>3</u> Area Code & Daytime Te	95-3875 lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of		Street Address Amendment Section Division of Corporations	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Best Designers, Inc. Name of Corporation as currently filled with the Florida Dept. of State) P0900030852 (Document Number of Corporation (if known)	•	Articles of Incorpor	ration		0900	FILE
(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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: Zuly Baquel Bojas 4005 NW 114th Ave. Suite 8 New Registered Office Address: (Florida street address) Doral , Florida 33178 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		of			SEN OCC.	` `
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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: Zuly Raquel Rojas 4005 NW 114th Ave. Suite 8 New Registered Office Address: (Florida street address) Doral (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:						
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New Registered Office Address: Address				enter the nam	e of the	
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(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:					
			(33178	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Begistered Agent, if changing	New Registered Agent's Signature, if cha I hereby accept the appointment as register	ed agent. Tamyanjijar w	vith and accept th		of the position.	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P`	Frank Marmolejos	95 SW 15 Terrace Homestead, Fl. 33030	☐ Add ☐ Remove
<u>P</u>	Zuly Raquel Rojas	4005 NW 114th Ave. Suite 8 Doral. Fl. 33178	☑ Add ☐ Remove
			Add Remove
(anden dad	litional sheets, if necessary). (Be specif		
E. If an area	and mont avoides for an evolution of the	localification, or cancellation of is	and shares
<u>provision</u>	endment provides for an exchange, reclass for implementing the amendment if a applicable, indicate N/A)	not contained in the amendment	itself:
(ij no:	(аррисавіе, іпаісаїє іч/А)		

ine date of each amendment	(s) adoption: <u>December 2, 2009</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
enective date <u>ir appricatie</u> ;	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated Dece	ember 2, 2009
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Antonio Storno
	(Typed or printed name of person signing)
	Vice-President
	(Title of person signing)