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SECRETARY OF STATE

MAR 27 2016 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_{ON:} <u>CARDENA</u>	S + KRIZ [DESIGN	STUDIO, INC.
DOCUMENT NUMBER:	Pí	090000488		
The enclosed Articles of An	nendment and fee are su	bmitted for filing		
Please return all correspond	ence concerning this ma	tter to the followi	ng:	
	OLGA	ADRIAN	A MORE	NO
		Name of Con		
	WXC	CORPO	RATION	
		Firm/ Cor		<u> </u>
	8240 NW 5		•	SUITE 305
Address				
DORAL, FL 33166				
		City/ State and	d Zip Code	
	AMORE	NO@WX	CCORP.	COM
	E-mail address: (to be us	_		
For further information cond	erning this matter, pleas		305_	676-6576
Name of Cor	ntact Person		Area Code &	& Daytime Telephone Number
Enclosed is a check for the	ollowing amount made	payable to the Flo	orida Departm	ent of State:
• \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	nt Section of Corporations		Clifton Bu 2661 Exec	nt Section f Corporations

Articles of Amendment Articles of Incorporation



CARDENAS + KRIZ DESIGN STUDIO, INC.

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

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

P09000048822

COSTNRY DESTATE

nt(s) to

	3000040022	SECREMBILE SECREMAN
(Document Number of Corporation (if known)		JALLAHASSEE, FLORID
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit C</i>	orporation adopts the following amendm
A. If amending name, enter the new name of th	e corporation:	
CYNTHIA	KRIZ DESIGN INC	The ne
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profess	or "incorporated" or the abbreviatio
B. Enter new principal office address, if applic	able:	
(Principal office address <u>MUST BE A STREET ,</u>	<u>ADDRESS</u>)	
	<u>-</u> -	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	
D. If amonding the consistent and a section of		
 If amending the registered agent and/or reg new registered agent and/or the new registe 	<u>istered office address in Florida, (</u> <u>red office address:</u>	inter the name of the
Name of New Registered Agent		
Nume of New Registered Algem		
	(Florida street address)	
	(2 to the same stay	
New Registered Office Address:	(City)	, Florida(Zip Code)
	• • • • • • • • • • • • • • • • • • • •	(,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		he obligations of the position.
		·
Signature	of Navy Pagistared Agent if changing	aga .

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	<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>	<u>Name</u>		Address
1) Change				
Add Remove				
2) Change				
Add				
Remove				
3) Change				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	-			
Add Remove				

	icles, enter change(s) her (Be specific)		
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
			
f an amendment provides for an excl	hange, reclassification, o	r cancellation of issued	sha <u>res</u> ,
provisions for implementing the ame	hange, reclassification, o	r cancellation of issued in the amendment itsel	<u>shares.</u> <u>f:</u>
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, o endment if not contained	r cancellation of issued in the amendment itsel	<u>shares.</u> <u>f:</u>
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provisions for implementing the ame	hange, reclassification, o	r cancellation of issued in the amendment itsel	shares, f:

The date of each amendment(s) adoption: MARCH 15,2017	, 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_03/15/2017	
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)	
CYNTHIA N KRIZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	