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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DEAD GUYS AP	PAREL INC	. <u></u>			
DOCUMENT NUMB	ER: P15000073798					
	of Amendment and fee are su	abmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	JC ECHEVERRIA					
-		Name of Contact Person	n			
	ECHEVERRIA & ASSOCIATES PA					
-		Firm/ Company				
	7900 SW 57 AVE STE 24					
-	Address					
	SOUTH MIAML, FL 33143					
-		City/ State and Zip Cod	e			
JECHI	EVERRIA@ECHEVERRIA	PA.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
JC ECHEVERRIA		786	718-1490			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

to

DEAD GUYS APPAREL INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P15000073798	on as currently theo with the Fish Ria Fept. of thate
(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 amendment(s)
A. If amending name, enter the new name of the co	orporation:
DG INKS CORP	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	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 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>şv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Kemove				
4) Change				
Add				
Remove				
5) Change				<u> </u>
Add				
Remove				
6) Change				
Add				
Remove				

	ndding additional Arti I sheets, if necessary).	(Be specific)			
					
	<u> </u>				
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			**		
					
an amendme	t provides for an exch	unge reclassific:	ition or cancellat	on of issued share	·s
marinia-a f	mplementing the ame	ndment if not cor	tained in the ame	ndment itself:	
IFOVISIONS FOR	icable, indicate N/A)				
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The date of each amendment(s date this document was signed.	AUGUST 31, 2018) adoption:	, if other than the
Effective date if applicable:		
Effective date <u>it apprease</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
AUGU. Dated Signature	ST 31, 2018 ne Alella	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other councinted fiduciary by that fiduciary)	1
	JOSE L ABELLA JR	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	