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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: AIMEE SERVICE	S INC				
DOCUMENT NUMB						
	f Amendment and fee are su	bmitted for file	ng.			
Please return all corresp	oondence concerning this ma	tter to the follo	wing:			
,	AZAHIRA LOPEZ					
-		Name of C	ontact Persor	1		
	AIMEE SERVICES INC					
-	····	Firm/ (Company			
5	5581 NW 112th AVE, #106					
-	· · · · · · · · · · · · · · · · · · ·	Ad	dress			
I	OORAL, FL - 33178					
_		City/ State	and Zip Cod	e		
1014	FABI@ICLOUD.COM					
	E-mail address: (to be us	sed for future a	nnual report	notification)		
	()		•	,		
For further information	concerning this matter, pleas	se call:				
AZAHIRA LOPEZ		a.	,321	、465-1840		
Name o	at (321 Area Code & Daytime Telephone I		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address				Address		
	ndment Section ion of Corporations	Amendment Section				
	Box 6327	Division of Corporations Clifton Building				
Talla	2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AIMEE SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000031100 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) N/A New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Signature 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: XChange	<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>	<u>Addres</u> s
1) X Change	P	LOPEZ, AZAHIRA F., MISS	
Add			
Remove			
2) Change	<u>v</u>	ARAQUE, LEANDRO I., SR	5581 NW 112th AVE, #106
X Add			DORAL, FL, 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addi	g or adding adding additional sheets, if	necessary).	(Be specific)				
N/A							
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II an ameno	<u>Iment provides</u> for implement	for an excharing the amend	ige, reclassific: Iment if not co	ation, or cance ntained in the	ellation of issue amendment its	<u>d shares,</u> elf:	
(if not	applicable, indi	cate N/A)				<u> </u>	
/A							
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendations.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action as action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
Dated_06/08/18	
Signature Signature	
(By a director, president or other officer – if directors or officers he selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
AZAHIRA LOPEZ	
(Typed or printed name of person signing)	
Р	
(Title of person signing)	