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| (Re | equestor's Name) | |
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| (Ad | idress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: |] |
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORI | PORATION: | L Design inc. | |
|----------------------|---|---|---|
| DOCUMENT NU | MBER: P99(| 000 37 017 | |
| The enclosed Artic | les of Amendment and fee a | are submitted for filing. | |
| Please return all co | orrespondence concerning th | is matter to the following: | |
| | Arturo (Name | of Contact Person) | _ |
| | Itec Des | ign rm Company) | |
| | | Aue Bay #7 (Address) | |
| | mianu P | beach, FL 83139 tate/and Zip Code) | |
| For further informa | ition concerning this matter, | please call: | |
| | Griego of Contact Person) of for the following amount: | at (<u>305</u>) <u>673</u> (Area Code & Dayti | 3-2121 ime Telephone Number) |
| \$35 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) |
| Amo Divi | ling Address endment Section sion of Corporations Box 6327 | Street Address Amendment Se Division of Cor 409 E. Gaines S | ction porations |

Tallahassee, FL 32399

Articles of Amendment Articles of Incorporation Ttec Design Dnc.
(Name of corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) The principal place of business of the corporation shall be: 1825 West Aue Bay #7 Mianui Beach, FL 33139 (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

| The date of each amendment(s) adoption: |
|---|
| Effective date if applicable: |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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. |
| Signed this day of, |
| 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) |
| (Typed or printed name of person signing) |
| (Title of person signing) |

FILING FEE: \$35