1034481

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(Ad	dress)	
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SECRETARY OF STAIL AND STAIL AND SEP 18 PH 12: 29

Amend

SEP 22 2015
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: D'I D'I Designs, Inc. DOCUMENT NUMBER: 634481
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elana Henry Name of Contact Person DiDi Designs, Inc. Firm/ Company
(aton NII) 3) the are
Address
Miami FL 33147
City/ State and Zip Code
E-mail address (to be used for future annual report notification)
E-mail address: (to be used for future annual report nonneation)
For further information concerning this matter, please call:
Shula Sofge a1 (305) 301-7524
Name of Contact Person 4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

DiDi Designs, Inc.	
Name of Corporation as currently filed with the Florida Dept. of Sta	t <u>e</u>)
634481	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
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" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation nat word "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mutang utaness SHIT BE AT OST OFFICE BOX)	SE
	TANA TANA
D. Marrowdin share in the state of the state	P 4 50
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:	79 14
Name of New Registered Agent	29
(Florida street address)	
New Registered Office Address: Florida	
(City)	(Zip Code)
Now Desistand Aparts Standard St. 1	
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 p	position.
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.

X Change	<u>PT</u> <u>John</u>	ı Doe			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	<u>SV</u> <u>Sally</u>	y Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	λD	Henry, Richard			
Add		•			
Z Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
					
Add					
Remove					
6) Change		New Address of the Control of the Co			
Add					
Remove					

ttach additional sheets, if ne	cessary). (Be sp	pecific)			
					
					
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an amendment provides f	or an exchange, i	reclassification.	or cancellation of	issued shares,	
rovisions for implementing	g the amendmen	t if not containe	d in the amendme	nt itself:	
(if not applicable, indic	ite N/A)				
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The date of each amendment(s) adoption: 9//4//5 date this document was signed.	, if other than the
Effective date if applicable: 9/14/15 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
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 9/14/15 Signature DD	
(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)	
Elana HENRY (Typed or printed name of person signing)	
$\mathcal{P}\mathcal{D}$	
(Title of person signing)	