M39800

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Victor's Die Cutting Inc DOCUMENT NUMBER: $^{\mathrm{M39800}}_{-}$ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Raymond Menendez Name of Contact Person Victor's Die Cutting Inc Firm/ Company 10290 SW 32 St Address Miami/FL 33165 City/ State and Zip Code raymondmenendez82@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 267-2020

Area Code & Daytime Telephone Number Raymond Menendez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee **\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Victor's Die Cutting Inc	<u></u>			
(Name o	of Corporation as currently	filed with the Florida De	pt. of State)	
M39800				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation	adopts the following	; amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
RIGID, INC				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	l" or the abbreviatio name must contain	n "Corp.,"
D. D. dan and minimal office address.	if annliaghlas	N/A		
B. Enter new principal office address, (Principal office address MUST BE A S	TREET ADDRESS)			
				
				
C. Enter new mailing address, if appl	ionblar			
(Mailing address MAY BE A POST	OFFICE BOX)	N/A 		
· · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent a	nd/or registered office addi	ess in Florida, enter the n	ame of the	
new registered agent and/or the ne	w registered office address	<u>:</u>		
Name of New Registered Agent	N/A			_
	(Florida str	eet address)		-
	NIA		, Florida N/A	
New Registered Office Address:		(City)	, Fiorida (Zip (Code)
		•		
New Registered Agent's Signature, if a	changing Registered Agent	tot I to the militiment	our of the modition	2012
I hereby accept the appointment as regis	stered agent. I am familiar v	vith and accept the obligati	ons of the position.	a 1, 4, 7, 5, 6, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
				z
	Signature of New R	egistered Agent, if changin	g	AH 11: 27
				
Check if applicable The amendment(s) is/are being filed	pursuant to s. 607.0120 (11)	(c), F.S.		27
	• ' '			

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	
	

The date of each amendment(s)	adontion:	if other than th
date this document was signed.	adoption.	, ii outer than th
N/	Α	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	et for the amendment(s) was/were sufficient for approval	
by N/A	,	
	(voting group)	
N/A Dated		
Signature	171/	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	Raymond Menendez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	