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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Lima Group Inc.				
	BER: P02000010870				
The enclosed Articles	of Amendment and fee are so	abmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Liliana White				
	Name of Contact Person				
	Lima Group Inc.				
		Firm/ Company			
	20835 NE 32nd PL				
	Aventura, FL 33180				
	City/ State and Zip Code				
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mark	ar nearthgains com	yanra e	yahoo . 60m /		
	b-mail address: (To be u	sed for future annual report	t notification)		
For further informatio	n concerning this matter, pleas	se call:			
Lifiana White		305 at (799-3702		
Name	of Contact Person	at (305) 799-3702 Area Code & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		<u>Street</u>	Address		
Amo	endment Section	Amen	dment Section		
Division of Corporations		Division of Corporations			
	. Box 6327 ahassee, FL 32314		1 Building Executive Center Circle		
1 411	ana5500, FT, J2314	2001 €	Account Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lima Group Inc.		
(Name of Corporation as	currently filed with the F	lorida Dept. of State)
P02000010870		
(Document N	lumber of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Co	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ntion:	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>``</u>)	· (2)
		A
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		78 72
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, er	iter the name of the
Liliana White	address.	
·		
20835 NE 32nd P	1.	
(F	lorida street address)	
New Registered Office Address:		. Florida 33180
	(Citv)	(Zip Code)
Nam Daringand Access Circums (5-1 access to 1 access to 1	1.4	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		e obligations of the position.
·	,	
Misso		
(Ji V 11 J	UI C	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u> D	Liliana White	20835 West Dixie Hwy.
X Add			Aventura, FL 33180
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	al sheets, if necessary).	icles, enter change(s) her (Be specific)	 -		
N/A					
·	-				
					
	<u> </u>	·			
		· - 			
					<u> </u>
					
r. <u>If an amendmen</u> provisions for	nt provides for an exclumplementing the ame	hange, reclassification, or endment if not contained	r cancellation of issu	<u>ied shares,</u> teoff:	
(if not app	licable, indicate N/A)	The state of the s	m the amendment	arti.	
N/A					
¥-18-*	<u> </u>				
	<u> </u>	<u>-</u>			
_	-	- ·			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this de Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>,</u> ,,,	
	(voting group)	
■ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/16/201	7	
Dated © Signature	mus	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	Mark White	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

* 1 .