Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

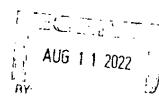
Phone : (561)694-8107

Fax Number : (561)214-8442

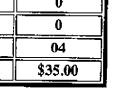
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE ORIGINAL VIP, INC.



| Certificate of Status | 0 |
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| Page Count | 04 |
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J. HORNE

AUG 18 2022

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Articles of Amendment to Articles of Incorporation of

2022 AUG 17 AH 9: 48

| THI | E ORIGI <mark>nal</mark> VIP, INC. | SECRETARY OF 17 |
|--|--|---|
| (Name of Corpor | ation as currently filed | with the Florida Dept. of State) |
| | 000009507 | Dept. of State) |
| (Doc | turnent Number of Corpo | ration (if known) |
| Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation: | ida Statutes, this <i>Florida</i> | Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the | corporation: | |
| Miami Cuban Link Jewelry, Inc. | | |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abb | C. Or Co Amendae | y," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word |
| B. Enter new principal office address, if applicate Principal office address <u>MUST BE A STREET AI</u> | <u>DDRESS</u>) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | 30X) | |
| . If amending the registered agent and/or regist new registered agent and/or the new registered | tered office address in F | lorida, enter the name of the |
| Name of New Registered Agent | | |
| | (Florida street addre | re) |
| New Registered Office Address: | , | , |
| Dep Negisierea Office Address. | (Clty) | , Florida |
| ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent | epistered Agent: I am familiar with and | accept the obligations of the position |
| - 0 | • | p oznasnow vy sne posmon. |
| Sign | nature of New Registered | Agent, if changing |
| | | |

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------------------|-------------|----------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Кеточе | | _ | |
| 5) Change | | | |
| Add | | _ | |
| Remove | | <u>-</u> | |
| Change | | | |
| Add | | <u>-</u> | |
| Remove | | | · · · |

| | (Be specific) |
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| MANUAL TO THE PROPERTY OF THE SMEN | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| an amendment provides for an exchaprovisions for implementing the amend (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| The date of each amendment(s) a | option:if other than the |
|--|---|
| date this document was signed. | puon:, if other than th |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this be document's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add action was not required. | ed by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. |
| in the special provided by | ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s): |
| the dumber of votes cast i | the amendment(s) was/were sufficient for approval |
| by | n . |
| | (voting group) |
| Dated 08/17/202 | |
| Signature | any Macker |
| salected (Ely ZOI II) | tor, resident or other officer - if directors or officers have not been |
| appointe | y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| 7 | fany Meeker |
| _ | (Typed or printed name of person signing) |
| _ | Attorney-in-Fact |
| | (Title of person signing) |