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SECRETARY OF STATE
NALLAHASSEE, FI MAIE

Amend

1Brown 7-19-11

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	J.I.A	CREATIVE	GROUP, INC
DOCUMENT NUMBER:	P040	000 5781	7
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.	
Please return all correspondence co	oncerning this matt	er to the following:	
JIA 57	91 SW	BUTO Contact Person E BUOUP Company 34 TH S7 clidress EL 33155 c and Zip Code	
,	Čity/ Stat	e and Zip Code	
E-mail addr	ess: (to be used for fut	ure annual report notification)	
For further information concerning	this matter, please		-2568 Elephone Number
Enclosed is a check for the following	ng amount made pa	yable to the Florida Depa	rtment of State:
∑ 535 Filing Fee ☐ \$43.75 Filing Certificate o	f Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ai Di Ci	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circ	·le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

CONTRACTOR PH 2: 25 J. T. A. CREATUE GROUP INC PO4 0000 57817
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the more must contain the word "chartered," "pr	he designation "Corp." "Inc." or "C	Co". A professional corporation
B. <u>Enter new principal office address, if an</u> Principal office address <u>MUST BE A STRE</u>		
C. <u>Enter new mailing address, if applicable</u> (Malling address <u>MAY BE A POST OFF</u>		
D. If amending the registered agent and/or new registered agent and/or the new reg		i, enter the name of the
<u>Name of New Registered Agent?</u>	5791 SW 34 5	<u>+0</u> ∳
New Registered Office Address:	(Florida street address) Miami	Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
There've accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent, if changing

<u>l'itle</u>	<u>Same</u>	Address	Tunaatee
1)	ALBERTO BUTO	· · · · · · · · · · · · · · · · · · ·	Type of Ac
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D	ALIDA BULDO	5791 512 21111 57	- · ¥
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<u>If an ar</u>	mendment provides for an eachange, i	reclassification, or cancellation of iss	ued shares.
provisi	mendment provides for an exchange, ions for implementing the amendment or applicable, indicate MA)	reclassification, or cancellation of iss if not contained in the amendment	ued shares. tself:
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The date of each amendment(s)	adoption: 6/01/VI
Effective date if applicable:	no more than 90 days after amendment file date)
Ó	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were commiss be separately provided fi	approved 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 cas	it for the amendment(s) was/were sufficient for approval
by	.0
ívo	oting group)
The amendment(s) was/were a action was not required	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated7	15/11
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
_	ALIPA BUTO (Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)