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JUN 26 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

		.		
NAME OF CORPORATION	ON:	= NDILIS	CORP.	
DOCUMENT NUMBER:		P06000	037331	
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corresponde	ence concerning this mat	ter to the following:		
	CHRIST	DPUE NOR	MAND	
CHRISTOPHE NORMAND Name of Contact Person				
			•	
		Firm/ Company		
	9308 S DIXIE HWY Address			
		Address		
	MIAM	1 FL , 33	3156	
		City/ State and Zip Code		
	Chorman	da nestur	Peliant Com	
E-mail address: (to be used for future annual report notification)				
·				
For further information conc	erning this matter, please	e call:		
6110	1- 4100-0	a 13	777-1377 at 1	
Name of Con	FE IVORITIE	at (<u>365</u>	de & Daytime Telephone Number	
			,	
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A			Address	
Amendment Section Amendment Section				
P.O. Box 6327 Clifton Building			Building	
Tallahassee, FL 32314 2661 Executive Center Circle			xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	NDII		CORP.	
(Name of Corporation	n as currently f	led with the I	lorida Dept. of Sta	ite)
	P 0600	0003	7331	
(Docume	ent Number of Co	orporation (if I	(nown)	
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Co	rporation adopts th	e following amendmen
. If amending name, enter the new name of the cor	poration:			
THE CIGAR	LAB	C_{Ω}		The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp,' ord "chartered," "professional association," or the a	"corporation," "Inc." or "Co	"company," ". A professi	or "incorporated"	or the abbreviation
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>		N/A		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	N/A	· · · · · · · · · · · · · · · · · · ·	
		,		
			ntou the name of th	
If amending the registered agent and/or registere	d office address	in Florida, e	NIEF LIIP CIXIIIIP (IL LII	F - 171
If amending the registered agent and/or registere new registered agent and/or the new registered o		<u>in Florida, e</u>	nice the name of th	
new registered agent and/or the new registered o		s in Florida, e	nier the name of th	Sign of Sign o
		s in Florida, e	nter the name of th	E E UN IO
		N/A	nter the fixme of th	5 JUH 18 PH
new registered agent and/or the new registered o	ffice address:	N/A	Florid	

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	/	'n	
X Remove	<u>v</u>	Mike Jones	N/	H	
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
1) Change				····	
Add					
Remove					
2) Change		-			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_		······································	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			 		
Add					
Remove					

N/A	
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amendment provides for an exchange, reclassification, or cancellation of	f issued shares,
visions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ent itself:
(i) not appreciate, indicate 1971)	
N/A	
, 	
	, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date if applicable:	2105/10170	
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block does no document's effective date on the Department of S		ents, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		mendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The follow group entitled to vote separately on the amendn	
"The number of votes cast for the amend	Iment(s) was/were sufficient for approval	
by	ng groun)	
(vom	ig group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and	d shareholder
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and sha	reholder
Dated 06/15		
Si-matura.	AA.	
Signature (By a director, president selected, by an incorrect appointed fiduciary leads to the selected selected selected selected.)	lent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or by that fiduciary)	ve not been or other court
	CHRISTOPHE NOR	MAND
	yped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	