PO6000103040

(Requestor's Name)				
(Ad	ldress)			
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(Cir	ty/State/Zip/Phone	#)		
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(Bu	ısiness Entity Nam	e)		
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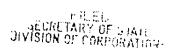
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: INTER MODERN	DESIGN INC	
DOCUMENT NUM	BER: P06000103040		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIS PEREZ		
		Name of Contact Person	1
, .	INTER MODERN DESIGN	INC	
		Firm/ Company	
	5946 SW 4TH STREET		
		Address	
	MIAMI, FL 33144		
		City/ State and Zip Cod	e
1 -			
anan	ary@aol.com	100	
	E-mail address: (to be us	sed for future annual report	notification)
For fürther information	on concerning this matter, pleas	se call:	
Luis Perez		at (786	556-0985
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$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 Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



INTER MODERN DESIGN INC

2016 AUG -8 PH 1:53

(Name of Corporation a	as currently med with the Fi	arida Dept. of State)
P06000103040		
(Document	Number of Corporation (if kn	own)
cursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s)
. If amending name, enter the new name of the corpo	oration:	
		The new
ame must be distinguishable and contain the word "'Corp.," "Inc.," or Co.," or the designation "Corp," 'vord "chartered," "professional association," or the abb	"Inc," or "Co". A profession	
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SSS</u>)	
		
	·	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(muning numress MAT BE A LOST OF FICE BOA)	 	
		·
	-00	4 Ab
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		er the name of the
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Designation of America Company of the arrive Designation		
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	,	- · ·
Signatur	re 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	v		ANALURY SANCHEZ	5946 SW 4TH ST
X Add				MIAMI, FL 33144
Remove			•	
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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1 - K	07/01/2016	
The date of each amendment(s) a	loption:	, if other than
late this document was signed.		
	9/2016	STOKETARY OF VIX.
Effective date <u>if applicable</u> :	(no more than 90 days after an	SECRETARY OF STATE STORE OF CONTONATION TO STATE STATE
	,	nenament file date)
Note: If the date inserted in this blocument's effective date on the De	plock does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of voifficient for approval.	tes cast for the amendment(s)
	proved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	r approval
by	(voting group)	.,,
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareh	holder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholde	er action and shareholder
Dated <u>07</u>	129/2016.	
Signature		
	irector, president or other officer – if director	rs or officers have not been
	d, by an incorporator – if in the hands of a red	
	ted fiduciary by that fiduciary)	001701, 443100, 01 04101 00411
	Luis . E. Pine	57
	(Typed or printed name of persor	n signing)
	P	
	(Title of person signi	ng)