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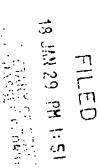
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* TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: SAKE ROOM, INC	C.	
DOCUMENT NUMB	ER: P06000143800		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
ı	Christian Sanchelima, Esq.		
-		Name of Contact Persor	1
	Sanchelima & Associate P.A		
-	· <u></u>	Firm/ Company	
	235 SW Le Jeune Rd		
-		Address	
	Miami, FL 33134		
-		City/ State and Zip Code	
legal@	Psanchelima.com		/
	E-mail address: (10 be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Christian Sanchelima, Esq.		at (305	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAKE ROOM, INC.	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P06000143800	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co-	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicables	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	7 7 T Z 29
(Mailing address MAY BE A POST OFFICE BO).	NO PE CE
	THE PER C
	<u> </u>
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
V D : 100 - 11	
New Registered Office Address:	, Florida (City)
	,
New Registered Agent's Signature, if changing Regi	istered Agent:
	l am familiar with and accept the obligations of the position.
· · · · ·	ature of New Registered Agent, if changing
วเยาด	миге од нем кедіметей ядені, д спандіну

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	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	NOID	CICILIA, TERESITA	· · · · · · · · · · · · · · · · · · ·
Add			
X Remove			Miami, FL 33
2) Change	<u>s</u>	MARTINEZ, JUDITH	275 NE 18th St
X Add			Suite 1710
Remove			Miami, FL 33132
3) Change	V	CORREA, ADOLFO	275 NE 18th St
X Add			Suite 1710
Remove			Miami, FL 33132
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Tanton Marini//It.	dding additional Articles sheets, if necessary). (E	Re specific)	 -		
	sneets, if necessary). (1.	ie specifici			
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	<u> </u>				
<u>f an amendmer</u>	t provides for an exchang	e, reclassification,	or cancellation of	ssued shares,	
municiam. fam	mpiementing the amenda cable, indicate N/A)	nent it not comain	ed in the amengmen	it usen:	
provisions for	eame, marcare 1979)				
			<u>. </u>		

	12/20/2017	22 4 4 4
The date of each amendment date this document was signed.		if other than the
-	12/20/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in a document's effective date on the	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendments:	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	Mario Cintea	
Signatura	Mun linke	
Signature(F	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
a _l	opointed fiduciary by that fiduciary)	
	Mario Cicilia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	