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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Graphink, Inc DOCUMENT NUMBER: P08000038667 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa A. Gramatges Name of Contact Person Graphink, Inc. Firm/ Company 9035 NW 13 Terrace Address Doral, FI 33172 City/ State and Zip Code graphink@graphink.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanessa Gramatges Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Graphink, Inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P08000038667	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association." or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
	(O.22)
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
	5
(Florida s	street address)
New Registered Office Address:	, Florida
(Cir	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	***
I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Vanessa A. Gramatges	9035 NW 13 Terrace
Add			Doral, Fl 33172
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
[]			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
(Attach	additional sheet:	s, if necessary).	(Be specific)	
			·	
				
	<u>.</u>			
				
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If an a	mendment provi	ides for an exch	nge, reclassification, or cancellation o	f issued shares.
provis	sions for implem	enting the amer	dment if not contained in the amendm	ent itself:
(į	f not applicable,	indicate N/A)		
				
				

date this document was signed.	aoption:	, if other than the
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	5/28/14 A	
Signature (By a consequence)	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	