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SECRETARY OF STATE SINISION OF CORPORATIONS
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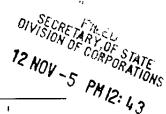
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MILLENNIUM	S PRINTERS & MU	LTISERVICES CORP	
DOCUMENT NUM	P000001123	1		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	FABIO ESCOBA	R		
	`	Name of Contact Perso	n	
		Firm/ Company		
	9125 TAFT ST			
•		Address		
	PEMBROKE PIN	ES. FL 33024		
•		City/ State and Zip Cod	е	
		ону: онни шин дир оод	•	
	E-mail address: (to be us	sed for future annual report	notification)	
		• •		
For further information	on concerning this matter, pleas	se call:		
		7.5.4	0440054	
FABIO ESCOBAR		1754	<u>2449654</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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		Street	Address	
Am	endment Section	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MILLENNIUMS PRINTERS & MULTISERVICES CORP

(Name of Corporation as currently filed with the I	Florida Dept. of State)	"/<:43
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	breviation ontain the
B. Enter new principal office address, if applicable:	9125 TAFT ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINES FL 33024	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9125 TAFT ST	
(PEMBROKE PINES FL33024	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	iress in Florida, enter the name of the	
Name of New Registered Agent		
(Florida si	treet address)	
New Registered Office Address:	, Florida, (Zip Code)	
(City	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	

Signature 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 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 D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	VP		LUCIDIA GALEA	NO	711 N 69 TERRACE
Add					HOLLYWOOD FL 33024
X Remove					
2) Change				<u>.</u>	-
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		<u> </u>			
Add					
Remove					
6) Change					
Add					
Remove					

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	<u></u>			
		<u> </u>		
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an amendment provides for an exch	ange, reclassific	ation, or cance	llation of issu	ed shares.
rovisions for implementing the amer	ange, reclassific idment if not co	ation, or cance ntained in the	<u>llation of issu</u> amendment i	<u>ed shares.</u> tself:
an amendment provides for an excharge rovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassific idment if not co	ation, or cance ntained in the	llation of issu amendment i	ed shares, iself:
rovisions for implementing the amer	ange, reclassific idment if not co	ation, or cance ntained in the	<u>llation of issu</u> amendment i	<u>ed shares,</u> iself:
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rovisions for implementing the amer	ange, reclassific	ation, or cance	amendment i	ed shares,

The date of each amendment	(s) adoption: 07/25/2012
Effective date if applicable:	07/25/2012
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s 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} 10/	11/2012
Signature	
(E	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 ppointed fiduciary by that fiduciary)
	FABIO ESCOBAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)