P09000041897

(Req	uestor's Name)		
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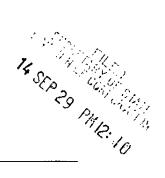
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: REFRISHO	OP INC			
DOCUMENT NUMBER: P09000041897					
	of Amendment and fee are su				
Please return all corres	spondence concerning this ma	tter to the following:			
	Jose L Almarales	,			
		Name of Contact Persor	1		
	Professional Serv	vices Bookkeepi	na Inc		
		Firm/ Company			
	736 NW 22nd Av				
		Address			
	Miami, FI 33125				
		City/ State and Zip Code			
iose	e@professionalse	rvicesmiami cor	n		
1000		sed for future annual report			
For further information	concerning this matter, pleas	se call:			
Jose L Almar	ales	at (305	6423000		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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 Tallahassec, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



REFRI SHOP INC

(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)	
P09000041897			
(Document Num	iber of Corporation (if k	nown)	<u> </u>
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this FI	orida Profit Corporation ado	pts 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 "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association."	"Corp," "Inc," or "Ce	o". A professional corporati	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE BOX)		
D. If amending the registered agent and/or r		s in Florida, enter the name	of the
new registered agent and/or the new regis	stered office address:		
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		Florida	
- 	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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>1'4</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>	Name	<u>Addres</u> s
1) Change	VP	Edward R.Mucarsel Hernand	736 NW 22nd Av
Add			Miami, FL 33125
Remove			50 % of Shares
2) Change	VP	Eddy Kuffo	736 NW 22nd Av
Add			Miami, Fl 33125
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			THE LABOR DATE OF THE LABOR DA
Remove			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
,	(Miach additional sneets, if necessary). (Be specific)
_	
	•
_	
	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
_	(if not applicable, indicate N/A)
ر ا	resident Eddy Mucarcel has 50% of shares.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_09/24/2014	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Eddy Mucarcel	
(Typed or printed name of person signing)	
President	
(Title of person signing)	