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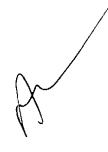


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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ REJINEZ INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMADEO MAZZOLINI Name of Contact Person AMADEO MAZZOLINI PA Firm/ Company 2069 NE 163 ST Address NORTH MIAMI BEACH FLORIDA 33162 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMADEO MAZZOLINI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment 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

REJINEZ INC			
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	
P10000060116			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation a	dopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corpor	orated" or to cation name n	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
to the control of the		e.,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the bai	me or the	
Name of New Registered Agent			
THUM MILES IN THE BUSINESS NEEDS IN			
tFlorida stree	t address)		
New Registered Office Address:		. Florida	
	ii(y)		(Zip Code)
Non-Basin and Assay Simulation (6 than in Basin and Assay)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligation	ns of the posit	ion.
		\mathbb{Z}^{l} α	22
Signature of New Res	istered Agent, if changing		maripag
	and the same of th	3.1 21 2.1	
		7. 3. 1 67. 17. 13	-2
		£47 - 3	

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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	CARLOS ALVAREZ	3001-30 WAY
Add			WEST PALM BEACH
Remove			FLORIDA 33407
2) Change	P	TERESA M BATTANI	4314 NW 9 AVE 4 2C
X Add			DEERFIELD BEACH
Remove			FLORIDA 33064
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	famending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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	(y nor appreciate, material NA)	
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Mayo 02,2017	
The date of each amendment(s) adoption:	, if other than th
date this document was signed. Mayo 02, 2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amenda by the shareholders was/were sufficient for approval.	nent(s)
■ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. 	
May 01, 2017	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in (he hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	been r court
CARLOS ALVAREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of the syn signing)	
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