P10000067671

| (Fo | lequestor's Name) | |
|-------------------------|------------------------|--------|
| (A | ddress) | |
| (A | ddress) | |
| (C | Sity/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (C | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORE | ME OF CORPORATION: DRIMIS-MI, INC. | | |
|--|--|--|---|
| DOCUMENT NUM | мвек: | P10000067671 | |
| The enclosed Article | es of Amendment and fee a | re submitted for filing. | |
| Please return all cor | respondence concerning thi | s matter to the following: | |
| _ | | EY MENEZES, ESQ. | |
| | N | ame of Contact Person | |
| _ | CHC | DI & MENEZES, LLP | |
| | | Firm/ Company | |
| | 1925 BRICKELL AVENUE D-205 | | |
| , - | | Address | |
| | MIAMI, FLORIDA 33129 | | |
| _ | C | ity/ State and Zip Code | |
| | SM@MI/ E-mail address: (to be used | AMILAW.US.COM d for future annual report notification) | <u>. </u> |
| For further informat | ion concerning this matter, | please call: | |
| SIDNE | Y MENEZES, ESQ. | | 56-7338 |
| Name o | of Contact Person | Area Code & Daytime Tel | ephone Number |
| Enclosed is a check | for the following amount m | nade payable to the Florida Depart | ment 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 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | c |

Articles of Amendment Articles of Incorporation of

DRIMIS-MI, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000067671

| · Articles | of Amen | ıdment | | ZOIJAN 31 PHILATISSEE SEE STATE | |
|--|--------------|---------------------|---------------------------------------|---------------------------------|--------------------|
| | to | | | | |
| Articles of | f Incorpo | oration | | 2011 1 | ^ |
| | of | | ر | So AN 2 | $\mathbb{C}\Delta$ |
| DRIMIS-MI, | INC | | 1, | ALLOREY A | And in |
| (Name of Corporation as currently filed | | Florida Dep | t. of State) | -ANASSAN | ی د |
| P10000067 | | | | E. P.STA | ِ رم هج |
| (Document Number of Cor | | (if known) | | \ \P\/\; | j. |
| rrsuant to the provisions of section 607.1006, Florida mendment(s) to its Articles of Incorporation: | Statutes, | this <i>Florida</i> | | | |
| If amending name, enter the new name of the corpo | oration: | | | | |
| CEZCA, IN | NC. | | | The ne | ew |
| ame must be distinguishable and contain the word obreviation "Corp.," "Inc.," or Co.," or the designation must contain the word "chartered," "professional a | on "Corp, | ," "Inc," or | "Co". A p. | rofessional corporation | on |
| Enter new principal office address, if applicable: | <u>s</u> | SAME | | | |
| rincipal office address <u>MUST BE A STREET ADDRE</u> | <u>ESS</u>) | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| Enter new mailing address, if applicable: | | . • | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | SÆ | AME | | | |
| | | • | | | |
| | | | | | |
| | | | | <u></u> | |
| If amending the registered agent and/or registered | office add | dress in Flor | rida, enter f | he name of the | |
| new registered agent and/or the new registered office | | | Telegraphic Control | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | (Florida : | street addres. | <u></u> | | |
| | , | | • | | |
| | | | | lorida | |
| | (City) | | (Zip Co | ode) | |
| w Registered Agent's Signature, if changing Registe | mad Ages | nt. | | | |
| ereby accept the appointment as registered agent. I am | | | cent the obli | gations of the position | n. |
| o. oo, accept the appointment as regationed agent. I an | јанни | | p: oon, | O | |
| | | | | | |
| Signature o | of New Res | gistered Ager | nt, if changir | ng — | |

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)

| <u>Title</u> | | Name | Address | Type of Action |
|---------------------------------------|------------------------|--|-------------------------|----------------|
| · · · · · · · · · · · · · · · · · · · | _ | | | ☐ Add☐ Remove |
| | | | | |
| | | | | |
| E. <u>If</u> | amending tach addit | g or adding additional Articles, enter ional sheets, if necessary). (Be specif | change(s) here: fic) | |
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| | | | | |
| | <u>rovisions</u> | dment provides for an exchange, recl for implementing the amendment if rapplicable, indicate N/A) | | |
| | | | | |
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| | | | | |
| | | | | |

| The date of each amendmen | • |
|--|---|
| Effective date if applicable: | 11/10/2010 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statemen ed 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder |
| . Dated | 11/10/10 |
| sele | a director, president or other officer = if directors or officers have not been ected, by an incorporator = if in-the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | |
| | CEZARIO MARQUES RIBEIRO CARAM |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |