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C. GOLDEN NOV - 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

	: P10000068442 **mendment and fee are su	bmitted for filing.	
Please return all correspor	dence concerning this ma		
ВЕ		tter to the following:	
	N CIURARU		
VI			
VI		Name of Contact Person	1
	A APPAREL INC		
		Firm/ Company	
185	00 NE 5TH AVE, SUITE	1	
		Address	····
NO	RTH MIAMI BEACH, F	L 33179	
		City/ State and Zip Code	e
ben@via	uomo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
	3		
BEN CIURARU		at (305	582-5353
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	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)
Amenda Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

VIA APPAREL INC

2018 OCT 29 PM 1: 09

(Nama	of Corneration as currently	filed with the Florida Dent of State) (Sport By on an
P10000068442	or corporation as currently	filed with the Florida Dept. of State) FRETARY OF STATULAHASSEE, F
	(Document Number of	
Oursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	." "company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the "A."
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appl		
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)	
D. If amending the registered agent an		ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	BEN CIURARU	
	18500 NE 5TH AVE. SUIT	E I
	(Florida stree	er address)
New Registered Office Address:	NORTH MIAMI BEACH	. Florida 33179
		City) (Zip Code)
	(1	Aty) (Zip Code)
lew Registered Agent's Signature, if c		ith and accept the obligations of the position.
nereny accept the appointment as regist	erea ageni. Tam jamillar wi	in and accept the obligations of the position.
	15	
	Simulators of Nov. D.	gistered 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	BEN CIURARU	18500 NE 5TH AVE, SUITE 1
Add			NORTH MIAMI BEACH, FL 331 7 9
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 additi Attach additional sheets, if neo	essary). (Be specific)			
				_
	· · ·			
		 		
	. <u> </u>			
···				.
				
f an amendment provides for provisions for implementing	r an exchange, reclassifi	cation, or cancellation	n of issued shares,	
(if not applicable, indicat	e N/A)	ontained in the amen	direction.	
				-
				

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
OCTOBE Dated	R 24. 2018	
Signature		
(By a select	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 nted fiduciary by that fiduciary)	
	BEN CIURARU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	