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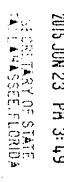
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JUN 3 0 2014 C. CAREOTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	rion:	CHRAM & MANGUIERI	CORP	
DOCUMENT NUMBER	R:	P11000077742		
The enclosed Articles of	Amendment and fee are sul	omitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
		THAMARA PEREZ		
	Name of Contact Person			
		TABADESA ASSOCIATI	ES	
-		Firm/ Company		
419 W 49 ST STE 111				
Address				
HIALEAH, FL 33012				
		City/ State and Zip Cod	e	
	T	ammyp@tabadesa.c	ОМ	
-	E-mail address: (to be us	ed for future annual report	notification)	
E. Couthe in Connection	anamina this matter alabam	on calle		
For further information c	oncerning this matter, pleas	se can:		
THAMARA PEREZ		305	ode & Daytime Telephone Number	
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
Ameno Divisio P.O. B	ng Address dment Section on of Corporations ox 6327	Ameno Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACHRAM & MANGUIERI CORP

(Name of Corp	poration as currently filed with the Florid	la Dept. of State)	
	P11000077742		
(C	Document Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the follow	ving amendment(s)
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," of	"Corp," "Inc," or "Co". A professional		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFIC			<u> </u>
			<u>သ</u>
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter	the name of the	, ≯ , 1
	THAMARA PEREZ		
Name of New Registered Agent	419 W 49 ST STE 111		
	(Florida street address)		
New Registered Office Address:	HIALEAH	, Florida	33012
	(City)		Lip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	ng Registered Agent: gent. I am familiar with and accept the ob	ligations of the positio	on.

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.

X Change	<u>PT</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	BRIGITT ACHRAM	419 W 49TH ST
X Add			STE 111
Remove			HIALEAH, FL 33012
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)			
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f an amendment provides for an excl	ange, reclassification, or	cancellation of issu	ed shares.	
provisions for implementing the ame	ndment if not contained in	n the amendment i	<u>tself:</u>	
ut not annucanie indicate N/A)				
(if not applicable, indicate N/A)				
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(ij not applicable, indicale N/A)		 —		
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(ij noi applicable, indicale N/A)	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: JUNE 19, 2015 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ____, if other than the The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) The amendment(s) was/were approved by the shareholders through voting groups, The following statement or the amendment(s): The amendment(s) was/were approved by the shareholders through voting groups. The following standard to vote separately on the amendment(s). "The number of votes cast for the amendment(s) was/were sufficient for approval mendment(s) was/were adopted by the board of directors without shareholder action and shareholder ndment(s) was/were adopted by the incorporators without shareholder action and shareholder By a director, product of other officer - if directors or officers have not been selected by an incorporator, if in the hande of a raceiver truetae or other our (By a director, president or other other – it directors or others have not been annointed fiduciary by that fiduciary) appointed fiduciary by that fiduciary) NICOLAS MANGIERI (Typed or printed name of person signing) PRESIDENT (Title of person signing)