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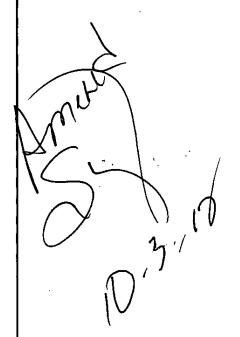
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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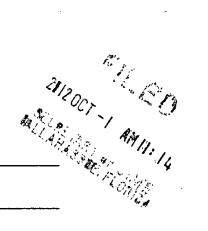
COVER LETTER

TO: Amendment Section

Division of Corporations				
. NAME OF CORPORATI	ON: VIVINEX C	ORP		
DOCUMENT NUMBER:	P1200000330	9		
	•			
The enclosed Articles of An	nendment and fee are sul	omitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
RA	FAEL NAVAR	RO		
		Name of Contact Persor	1	
VI	VINEX CORP			
	•	Firm/ Company		
579	94 S.W 40TH S	STREET,PMB 2	208	
		Address		
MI	AMI FLORIDA	,33155		
		City/ State and Zip Code	e	
RANR	1819@GMAIL	СОМ		
		ed for future annual report	notification)	
For further information con-	cerning this matter, pleas	e call:		
CARLOS ALAM	0	at (917	2160906	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made p	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)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



VIVINEX CORP

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

P12000003309

(Document Number of Corporation (if known)

ment(s) to

	f the corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profess		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: <u>CE BOX</u>)		
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, stered office address;	enter the name	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(Florida street address) (City)	, Florida	(Zip Code)

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	PT	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	<u>vs</u>	VALENTINA NAVARRO	5860 SW 34 STREET
Add			MIAMI,FLORIDA 33155
X Remove			
2) Change	VS	MARIA A.NAVARRO	5860 SW 34 STREET
X		•	MIAMI,FLORIDA,33155
Remove			
3) Change		***************************************	
Add			***************************************
Remove			***************************************
4) Change		 	<u> </u>
Add			
Remove			
5) Change		- , 	
Add			
Remove			
0 9			
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)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

The date of each amendment(s) add	SEP. 24 2012
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated Sept. 2	24 2012
Signature	HP
(By a directed	rector, bresident or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MARIA A. NAVARRO
-	(Typed or printed name of person signing)
,	VICE PRESIDENT / SECRETARY

(Title of person signing)