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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DAM	MVIX REAL ESTA	TE INC		
DOCUMENT NUMBER: P12000044942				
The enclosed Articles of Amendment a		<u>}</u> .		
Please return all correspondence concer	rning this matter to the followi	ing:		
Xavier Vite	eri			
<u> </u>	Name of Cont	itact Person		
Viteri Financial Corporation				
	Firm/ Coi	empany		
6721 SW	69 Terrace			
	Addre	ess		
Miami, FL	Miami, FL 33143			
	City/ State and	d Zip Code		
xavier@viterif	inancial.com			
E-mail addr	ress: (to be used for future ann	nual report notification)		
For further information concerning this matter, please call:				
Xavier Viteri	a1 (7	786 ₎ 262-1237		
Name of Contact Persor		Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Fi Certificate	iling Fee & S43.75 Filin e of Status Certified Co (Additional c enclosed)	Oppy Certificate of Status		
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee. FL 3231		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

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Danvix lea	N Estate Inc ly filed with the Florida Dept. of State)	SEURETARY OF STA TALLAHASSEE, FLOR
-	7 44942	The state of the s
	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		Thenew
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A professional cor	corporated" or the abbreviation reporation name must contain the
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
		
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the	e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Flo	orida
new regime ex office man can	(City)	(Zip Code)
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered agen		utions of the position.
	······································	
Signature of	f 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JORA ADVISORS LLC	2 Coconut Lane
Add			Key Biscayne, FL 33149
Remove			
2) Change	PD	Maxime Rambaud	2 Coconut Lane
Add			Key Biscayne, FL 33149
Remove			
3) Change	VPD	Patricia Longman	2 Coconut Lane
Add			Key Biscayne, FL 33149
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			7.07
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	11/on/2013 N. 1.1.	
Signature	or up	
selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	The same than	

(Title of person signing)