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(NOV 8 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Ink Dreams Tattoos Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Volmarie Hernandes. Name of Contact Person Ink Dreams Tattoos Inc. Firm/ Company Name of Contact Person Option 1057 W. Option 10 Dr.				
Address City/ State and Zip Code Vanity INK 581 @ gmail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Vilmarie Hernandez - 11646, 468-6374				
Vilmarie Hernandez - at (644) 468-6374 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Ink Dreams Tathoos"	Ink.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
	
(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following amendment(s) to
N/A	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered," "professional association." or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11057 W. Colonial Dr. Oroce Fr., 34761.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11057 W. Colonial Dr Ocoee FL, 34761.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent Vilmarie	Hernandez.
New Registered Office Address: Attamonte (City)	ALTOS Way apt #204 reel address) Springs, Florida 32714 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.

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 <math>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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PI	-	Jessie Galban	1253 Vizcaya
Add Remoye				lake rd #105° Ocoee Fc, 34761.
2) Change Add	PT	- 	Vilmarie Hernandez	331 Los Altos way apt #204 Altamonte Springs F43271
Remove 3) Change Add	.	_		Hamonic Springs rays
Remove 4) Change		_		
Add Remove				
5) Change		_		
Remove			•	
6) Change		_		
Remove				

E. If amer (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
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F. If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	sions for implementing the amendment if not contained in the amendment itself:
(i)	if not applicable, indicate N/A)
MIP	
<u>-iO f</u>	
	
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The date of each amendment(s) adoption: November 1st. 2012.				
Effective date if applicable: November 1st 2012				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)				
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Dated NOV- 15± 2012.				
Signature				
(By a director, president or other officer – if directors or officers have not been				
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
Jessie Galban.				
(Typed or printed name of person signing)				
President				
(Title of person signing)				