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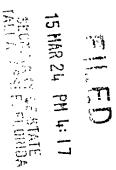
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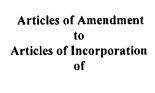
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOTHER O	QUEEN, INC.		5 H
DOCUMENT NUMBER: P1200006587	4		# 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3
The enclosed Articles of Amendment and fee are su	, , , , , , , , , , , , , , , , , , ,		一般节
Please return all correspondence concerning this mat	tter to the following:		TI OPPLE
CAROLYN KAHL			1324 2744
ROCA GONZALE	Name of Contact Person	1	
3370 MARY STR	Firm/ Company EET		
MIAMI FLORIDA	Address 33133		· ·
 	City/ State and Zip Code	9	
CKAHL@RGPA.COI	М		•
	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
CAROLYN KAHL	at (305	, 859-6050	
Name of Contact Person	Area Co	de & Daytime Telephone l	Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301





MOTHER QUEEN, INC.

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

nt(s) to

P12000065874		, , , , , , , , , , , , , , , , , , ,	
(Documen	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendn	
A. If amending name, enter the new na	ame of the corporation:	The ne	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation ("Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3370 MARY STREET	
		MIAMI, FL 33133	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3370 MARY STREET	
		MIAMI, FL 33133	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent		ERED AGENT CORP.	
<u></u>	3370 MARY S	TREET	
	•	street address)	
New Registered Office Address:	MIAMI	Florida 33133	
	(Cit	(Zip Code)	
New Registered Agent's Signature, if c	banging Registered Age	nt:	
I hereby accept the appointment as regif	tereddagens laga familig	with and accept the obligations of the position.	
Si	gnature of New Registere	d 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	SERGIO E TODISCO	304 Palermo Avenue
Add			Coral Gables, FL 33134
Remove			
2) Change	PVS	PERLA AYDEE PUENTE RESENDEZ	3370 MARY STREET
Add			MIAMI, FL 33133
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			,
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)	(s) here:		
-					
If an amendmen	t provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
provisions for i	t provides for an exc mplementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
provisions for i	t provides for an exc mplementing the am- cable, indicate N/A)	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
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provisions for i	mplementing the am	hange, reclassificat	ion, or cancellation ained in the amend	of issued shares, ment itself:	

The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable: (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)	
(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 February 24, 2015	
Signature (By a directly, president or other officer – if directors or officers have not been	
(By a directly, 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)	
PERLA AYDEE PUENTE RESENDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	···