## P130000003557

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Special Instructions	s to Filing Officer:	
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SECRETARY OF STATE

JUL 23 2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TEXMIA CORP		
DOCUMENT NUMB	SER: P13000002557		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	VALENTINA CASALE		
	TEXMIA CORP	Name of Contact Persor	1
	·-·	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1619 Highland Valley Cir		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Wildwood, MO 63005		
	**	City/ State and Zip Code	
casal	ev8@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (	<b>.</b> 401-4673
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
	r the following amount made		
□ \$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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TEXMIA CORP			<b>f</b> C: ( )			
(Name of Corpor P13000002557	ration as currently file	d with the Florida Dept. o	oi State)			
(Doc	cument Number of Corp	poration (if known)				•
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Flori</i> d	da Profit Corporation ado	pts the follov	ving amen	dmen	ıt(s) to
A. If amending name, enter the new name of the	e corporation:					
	_			The	new	
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or .	orp," "Inc," or "Co".	A professional corporation	ited" or the on name mu	abbrevia st contain	tion the	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )			្រា	4 D IIII O	FILE
D. If amending the registered agent and/or reginew registered agent and/or the new register		n Florida, enter the name	of the	FLORIDA	<u>29</u>	
Name of New Registered Agent	<u>-</u>					
	(Florida street ad	'dress)				
New Registered Office Address:		,	Florida			
	(City)		(2	Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with a	end accept the obligations o	of the positio	)n.		
	Signature of New Pagiet	ared 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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Ş	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		MARIA FERNANDA DE CASALE	19501 W. COUNTRY CLUB
Add				#2412
X Remove				MIAMI, FL 33180
2) Change	D		VALENTINA CASALE	1619 Highland Valley Cir
X Add	<del></del> .	•		Wildwood, MO 63005
Remove				
3 ) Change				
Add				
Remove				
4) Change				<del></del>
Add				
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
	-		
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f an amendment provides for an exc	hange, reclassification, o	r cancellation of issued sh	ares,
provisions for implementing the am	endment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)			

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONF</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the ame icient for approval.	ndment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendmen	z statement t(s):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareh	older
Dated7/	<u>17   18</u>	
Signature	aldal de Carale	
(By a dire	ector, president or other officer – if directors or officers have to by an incorporator – if in the hands of a receiver, trustee, or o	ther court
	d fiduciary by that fiduciary)	are court
<u>M</u>	Ati A Ternanda P. de Cas (Typed or printed name of person signing)	ale.
	$\supset$	
_	(Title of person signing)	