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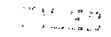
COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P. SIMONS ENTERPRISES, INC. DOCUMENT NUMBER: P13000006379 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAIKEL O. PEREZ SIMONS Name of Contact Person P. SIMONS ENTERPRISES, INC. Firm/ Company 6733 NW 107TH PL Address **DORAL, FL 33178** City/ State and Zip Code INFO@ARTEKITCHENBATH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{at}(305) 206.2669$ MAIKEL O. PEREZ SIMONS Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

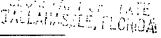
Articles of Amendment to Articles of Incorporation



P. SIMONS ENTERPRISES, INC.

14 JUN -4, PM 3: 16

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



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(Documer	nt Number of Corporation (i	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation :	adopts the following ame	ndmen
A. If amending name, enter the new na	me of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpo	porated" or the abbrevi	ation
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
		<u></u>		
D. If amending the registered agent an	d/or registered office add:	ess in Florida, enter the na	me of the	
new registered agent and/or the new	v registered office address	<u> </u>		
Name of New Registered Agent	MAIKEL O. PER	REZ SIMONS	_	
	6733 NW 107TI	H PL		
	(Florida str	•		
New Registered Office Address:	DORAL	, Florid	_a 33178	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Degistered Agent			
I hereby accept the appointment as register			ns of the position.	
Si	gnature of New Registered A	lgent, 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PATRICIA MARTINS	6733 NW 107TH PL
Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)	ge(s) here:		
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f an amendment	provides for an exc	hange, reclassifi	cation, or cance	lation of issued s	hares,
provisions for im	plementing the am	hange, reclassificendment if not co	cation, or cance ontained in the s	lation of issued s mendment itself	hares.
provisions for im	provides for an exc plementing the amo able, indicate N/A)	hange, reclassific endment if not co	cation, or cance ontained in the s	lation of issued s imendment itself	hares,
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The date of each amendment(s) adoption date this document was signed.	·	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the 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 action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated_05/14/2014		
Signature		
(By a director,	president or other officer - if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
appointed trau	orally by that materially,	
MAIK	(EL O. PEREZ SIMONS	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	_

14 JUN - 4 PH 3: 16