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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name Account Number Phone Fax Number	:	FLORIDA MULTISERVICES, 120150000061 (786)290-3319 (305)645-2035	INC.
Fax Number	:	(305)645-2035	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______ MIM DESIGN STUDIO USA. INC.

DOCUMENT NUMBER: _____P13000062638

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following;

MAURO MONTOYA

Name of Contact Person

MIM DESIGN STUDIO USA, INC.

Firm/ Company

2295 SW 23 AVENUE

Address

MIAMI, FL 33145

City/ State and Zip Code

mstudio.usa@gmail com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 MAURO MONTOYA
 at (954)
 678-7304

 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:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

Statistical Copy (Additional copy is enclosed) S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

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Page 1 of 4

	Articles of Am	endment	H15	000170
	to Articles of Inco of	rporation		
VIM DESIGN STUDIO USA, INC.	Ŭ.			
(Name	of Corporation 25 currently	filed with the Florida De	pt. of State)	
213000062638				
	(Document Number of (Corporation (if known)		
Pursuant to the provisions of soction 607 ts Articles of Incorporation:	1.1006, Florida Statutes, this Fl	lorida Profit Corporation	adopts the following	; amendment(s) to
A. If amending name, coter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo	porated" or the ab	breviation
B. <u>Enter new principal office address</u> (Principal office address <u>MUST BE A S</u>		N/A		
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE & POST</u>		N/A		
D. If amending the registered agent a new registered agent and/or the ne	<u>nd/or registered office addres</u> w registered office address; MAURO MONTOYA	s in Florida, coter the na	me of the	
<u>Name of New Registered Agent</u>				ີ ເ
	2295 SW 23 AVENUE			. و
	(Florida street	address)		
<u>New Registered Office Address</u> :	MIAMI	····	_, Florida 33145	
		(b))	(Zip Ci	أساته

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Signature of New Registered Agent, if changing

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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 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	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PDTS	HENRY M. GARZON	2295 \$W 23 AVENUE
Add			MIAMI, FL 33145
X Remove			
2) Change	PDTS	MAURO MONTOYA	2295 SW 23 AVENUE
XAdd			MIAMI, FL 33145
Remove			
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Ådd			
Remove			
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lf amending or	adding add	ditional Articles	i, enter chan	ige(s) here:				- 0 -			
Attach <i>addition.</i> NE	al sheets, if	necessary). (I	se specific)								
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provisions for	mplement	for an exchang ing the amendm	e, reclassific tent if not co	ation, or c	ancellation the amend	<u>of issu</u> Iment i	ed shar self:	<u>es.</u>			
(if not appl	icable, indi	cate N/A)									
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			HISO	00 17 467
	•	07/17/2015		-
The date of each and date this document w		(s) adoption:		, it other than the
	+			
Effective date if app	plicable:	(no more	than 90 days after amendment file date)	
N-4- 10-1-4-1-				
		ne Department of State's rec	e applicable statutory filing requirements, this d ords.	are will not be listed as the
Adoption of Amend	lment(s)	(CHECK ONE	E)	
		e adopted by the shareholder re sufficient for approval.	rs. The number of votes cast for the amendment	(s)
			ers through voting groups. The following staten itled to vote separately on the amendment(s):	lent
"The numbe	er of votes	cast for the amendment(s) v	vas/were sufficient for approval	
by		(voting group)	27	
		(voting group)		
The amendment(s action was not req	s) was/wer quired.	e adopted by the board of di	rectors without shareholder action and sharehold	ler
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