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TALLAHASSEE FLORINA

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: MER	IDIAN DREAMS INC.	
DOCUMENT NUMBER: P13000	∞98941	
The enclosed Articles of Amendment and fee are	submitted for filing.	3.0
Please return all correspondence concerning this m	natter to the following:	} } ``
PAR	submitted for filing. matter to the following: 3 O Gome 2 Name of Contact Person	 S
MERLDIA	AN DREAMS INC Finul Company	
3607	SW 1st Place	
Cape	Address Copa F1 33914 City/ State and Zip Code	
Pablo (57 E-mail address: (to be	DMCZ D COMCAST-Net	
For further information concerning this matter, ple	ease call:	
PABLO Gomez Name of Contact Person	at (<u>239</u>) <u>229 2984</u> Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:	
\$35 Filing Fee \$Certificate of Status		
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

MERINIAN DREAMS INC			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P 130000 989 41			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ving a	mendment((s) to
A. If amending name, enter the new name of the corporation:			
	Т	he new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mi word "chartered," "professional association," or the abbreviation "P.A."	: abbi ist coi	reviation ntain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
(Trincipal Office address MOST DE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	_ _		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	SE SE		
new registered agent and/or the new registered office address:	2		
Name of New Registered Agent	70	277	
	_ <u>-</u> ==	5	
(Florida street address)		_	
New Registered Office Address:, Florida	വ		
(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	n.		
Signature of New Registered Agent, if objecting			

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Sec	DON'S EVA COMEZ	5037 HANSARD AVE
X Add			North Port FL
Remove			34291
2) Change			
Add			
Remove			TALL SEC
3) Change			
Add			(A) (A) (B)
Remove			
4) Change) 1ATE 0810A
Add			
Remove			
.5) Change			Versilation of the control of the co
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing the amendment if not contained in the amer	n of issued shares, dment itself:
f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	n of issued shares, dment itself:
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	, if other than the
Effective date if applicable: Sept 20 2014 (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	У (1 до 1 д
action was not required.	2 N 2: 5
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)	-
PABLO GOWLEZ (Typed or printed name of person signing) PASI DENT	
(Title of person signing)	