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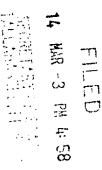
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Almend: 3/5/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Exper-Tees BER: P1400000249	s Printing & Des 99	igns Inc.
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	Antonio Mata		
		Name of Contact Person	1
		Firm/ Company	
	2194 NW 21 Stre	eet	
	Miami Fl 33142	Address	
	· · · · · · · · ·	City/ State and Zip Cod	e
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
		at (305	, 325-8677
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	**S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 labassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Exper-Tees Printing & Design Inc

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

P14000002499

(Document Number of Corporation	(if known)	Ŧ.
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amendr
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbrevistion	"Co". A professional corporation name must c	_The ne obreviation contain to
B. Enter new principal office address, if applicable: (Principal office address MUST BE 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 ad- new registered agent and/or the new registered office addre		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(Florida s	street address)	
New Registered Office Address: (City	y) , Florida	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt:	

Signature of New Registered 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 Doe	
X Remove	<u>V</u>	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/D	Mata, Antonio	8141 SW 37 Terrace
Add			Miami, FL 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			**-
Remove			
6) Change			
Add			
Remove			

f amending or adding additional 'Arti Attach additional sheets, if necessary).	(Be specific)
	
	14-74
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself:
(if not applicable, indicate N/A)	ngment if not contained in the amendment users
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 02/27/2014	
Signature State Land	
(By a director, president or other officer if directors or officers have not been	
splected by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jacquelin Barbella	_
(Typed of printed name of person signing)	
President	
(Little of person signing)	