P14000015021

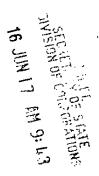
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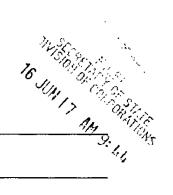
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COVER LETTER

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	• • • • •	COVER LETTER		16 May 17 My Silling
TO: Amendment Section Division of Corpora				An Anthrope
NAME OF CORPORA	ATION: CMA IMAGINE A	MERICAS CORP		S. help My
DOCUMENT NUMBE	D14000015021			
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
7	Michael Ortiz, Esq.			
_		Name of Contact Person		
Ŋ				
<u>-</u> -				
1				
1430 South Dixie Highway, Suite 321 Address				
(Coral Gables, FL 33146			
_		City/ State and Zip Code		
imuact	ive@gmail.com			
 	- -	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
Michael Ortiz		at (305	665-5270	
Name of	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$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)	
Amer Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CMA IMAGING AMERICAS CORP

· · · · · · · · · · · · · · · · · · ·	y filed with the Florida Dept. of State)
P14000015021	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
(Florida str	
(Fibrial Str	eer waress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	in the second second
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
•	
Signature of Man D	egistered Agent, if changing
Signulare Of New K	едыстен адень и спиндинд

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	Michael Ortiz	1430 South Dixie Highway
Add			Suite 321
Remove			Coral Gables, FL 33146
2) Change	s	Olga Ochoa	7303 Camino Real
X Add			A-311
Remove			Miami, FL 33143
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change	==-		
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
					
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		. <u>.</u>			
	<u></u>				
			·		
an amendment provides for an excl	hongo reoloccifica	ion or cancellat	tion of issued s	hares	
provisions for implementing the ame	endment if not con	tained in the am	endment itself	:	
(if not applicable, indicate N/A)					
			<u></u>		
		 	 		
					

The date of each amendment		, if other than the
date this document was signed . Effective date if applicable:	June 17, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	e 16, 2016	
Dated Signature	Olgg Clehn	
(i	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	Olga Ochoa	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	