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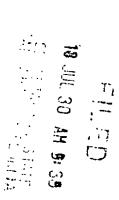


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R. WHITE AUG 02 2018



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAYAN HANDC	RAFTED PRODUCTS &	ACCESSORIES INTERN.	
DOCUMENT NUM	BER:	<u> </u>		
The enclosed Articles	s of Amendment and fee are st	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	RUMNEY MATIAS MEJIA			
		Name of Contact Perso	n	
	MAYAN HANDCRAFTED	CRAFTED PRODUCTS & ACCESSORIES INTERNATIONAL INC		
	·	Firm/ Company		
	5442 WALLIS RD APT 4			
		Address		
	WEST PALM BEACH FLO	ORIDA 33415		
		City/ State and Zip Cod	ů	
N S	OSA@BELLSOUTH.NET			
	-	sed for future annual report	notification)	
For further information	on concerning this matter, please	561	<b>,</b> 2013469	
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number	
	or the following amount made		,	
S35 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)	
An Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

FILED

18 JUL 30 AM 9: 39

MAYAN HANDCRAFTED PRODUCTS & ACCESSORIES IN	TERNATIONAL INC. STORE TO A LOUGH
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000063149	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
chico REmodelProc; inc	The new
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 abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5442 WALLIS RD APTA
(Principal office address MUST BE A STREET ADDRESS)	WEST PALMBEACH FL 33415
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 add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Elwista o	treet address)
	ueci aaaressy
New Registered Office Address:	, Florida
	(mp) cone)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	

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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

	07/24/2018	
The date of each amendment(s	) adoption:	, if other than th
date this document was signed.		
C _ Effective date <u>if applicable</u> :	7/24/2018	
mappicanie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareh	older
07/24/2	018	
Dated		
·	A lac	
Signature <b>X</b>	rumens Mytas	
	a director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or o	
	ointed fiduciary by that fiduciary)	mer court
717		
	RUMENY MATIAS MEJIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · ·