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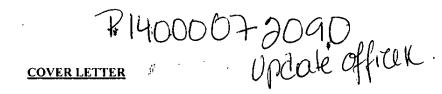
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DIVISION OF COXPORATIONS

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VENICE	VATLIP	J'77 BY 41-	MKX TW
DOCUMENT NUME	ber: <u>714000 (</u>	DP 2090.		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	HIEP	NGUYE Name of Contact Perso	· · · · · · · · · · · · · · · · · · ·	
	VENICE N	AILS & S Firm/Company	PA BY HET	VRY
-	7041 W	BROWAR'	D BLVD.	
	PLANTAT	City/ State and Zip Cod	33317	
	E-mail address: (to be us		hoo. com	
	hiepvo	<u> </u>	hoo. com	7 18
For further information	n concerning this matter, pleas	se call:		र्ग होते ।
HIEP	NGUYEN	at (954	, 9909959	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	ま 30g
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	5
\$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)	ω

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of

VENICE MAILS & 1 PAR B	Y ATTINKY LIVE. 3
	filed with the Florida Dept. of State)
P14000072090	ره
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	A T C T C T C T C T C T C T C T C T C T
	·
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	•
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Name of New Registered Agent	/A
	,
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	al I and all the state of a marketing
I hereby accept the appointment as registered agent. I am familiar wi	in ana accept the obligations of the position.
NIA	_
Signature of New Re,	gistered 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) A Change	P	HIEP NGUYEN	1784 NW 93 TER
Add			Coral Springs, F1 3307/
Remove			
2) Change	<u>\</u>	HOAN DAU	7960 NW 53RD CT. Laudorhill, PL 33351
_ X Add			Lauderrill, TL 3-3"
Remove			
3) Change			
Add			
Remove		_	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change		-	····
Add			
Remove			

ittach <i>additional sh</i> e	ng additional Articles, eets, if necessary). (Be	e specific)		•	
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an amendment pr	ovides for an exchange	e, reclassification.	or cancellation	of issued shares	٠
if not applicable)	ementing the amendmo le, indicate N/A)	ent if not contain	ed in the amend	ment itself:	
()	/	r _			
		P			

he date of each amendment(s) adoption: 5/1 17, if other than the
ffective date if applicable: (no more than 90 days after amendment file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
doption 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
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 4/30/17
Signature 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)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)