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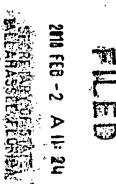
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	HAND CRAFTEI	LINEN INTERNATION	AL, CORP
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	LILIAN NAJERA		
		Name of Contact Person	n
	630 29TH STREET	Firm/ Company	
	WEST PALM BEACH, FL	Address 33407	
		City/ State and Zip Cod	e
ptc	orpservices@gmail.com		
	E-mail address:	to be used for future annua	l report notification)
For further information	n concerning this matter, plea	se call:	
LILIAN NAJERA		561	506-3207
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

	of			
HAND CRAFTED LINEN INTERNATIONAL,	CORP			
(Name of Corporation as curren	tly filed with the Florida D	Dept. of State)		
P14000074714				
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, F Incorporation:	lorida Statutes, this corpora	ation adopts the following	ng amendment(s) to its Ar	ticles o
A. If amending name, enter the new name of t	he corporation:			
HAND CRAFTED LINEN IMPORT, CORP			The nev	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "Co". A			
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)				
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	,		
				
D. If amending the registered agent and/or reg		lorida, enter the name	of the	
new registered agent and/or the new register	ered office address:			
Name of New Registered Agent	· <u>··</u>	· ·		
	(Florida street add	lress)		
New Registered Office Address:		, Florida		
	(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

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 Do	<u>oe</u>		
X Remove	Y	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		_	
Add					
Remove					
2) Change		_		, 	
Add					
Remove					
3) Change		_		<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add				_	
Remove					
6) Change		-	771		
Add				-	···
Remove					

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)		ling additional Art heets, if necessary).	(Be specific)			
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	01/05/2018	
	adoption:	, if other than the
date this document was signed.	/25/2018	
Effective date if applicable:		
	' (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
01/24/20 Dated	18 Lu 19	
Signature	Just 0	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	LILIAN NAJERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_

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