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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: <u>CAS</u> 18	WARAS GIW	OF LNK.	
DOCUMENT NUMB	er: <u>P150 600</u>	0 <i>33351</i>		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	condence concerning this ma	itter to the following:		
	NORELY	es sautaly	4	
-		Name of Contact Person	1	
-	2	Firm/ Company		
8250 SW 72 COURT. Apt. 409 Address Missyl, FL, 33143 City/ State and Zip Code				
_	Mistry,	Address FL, 3314	3	
_		City/ State and Zip Code	e	
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	E-mail address.	(to be used for future annua	l report notification)	
For further information	concerning this matter, pleas	se call:		
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	f Contact Person	Area Co	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)	
	ing Address adment Section		Address ment Section	

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

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

Articles of Amendment

to

	Articles of Incorporation of				AP.	
LAS	TENMZAS	SNOUP	INK.	15	JJN 28	想 16:39
(Name of Cor	poration as currently file		Dept. of State)	, II (A T II ,	Allegene	r official Beronnia
	P1500003	33351		TASI	-Militado <u>lo</u>	a Pilechi Dig ——
	(Document Number of C	Corporation (if know	n)	.gr.Elja		
Pursuant to the provisions of s Incorporation:	section 607.1006, Florida	Statutes, this corpor	ration adopts the	follow	ring amendn	nent(s) to its Articles of
A. If amending name, enter	the new name of the cor	poration:				The new
name must be distinguishable "Corp.," "Inc.," or Co.," or word "chartered," "professio	the designation "Corp,"	"Inc," or "Co".				he abbreviation
B. Enter new principal offic (Principal office address MU)		<u>RESS</u>)	N-4		· · · · · · · · · · · · · · · · · · ·	······································
C. Enter new mailing addre (Mailing address MAY B)	ess, if applicable: E A POST OFFICE BOX)	V-A			
D. If amending the registere new registered agent and	d agent and/or registere /or the new registered o	d office address in	Florida, enter t	he nam	e of the	 -
<u>Name of New Registe</u>	6400	CDYS 5: SW 11 (Florida street ad	•	4		
New Registered Offic	e Address: PIWE ((City)	, F	`lorida_	33. (Zip Cd	156 de)
New Registered Agent's Signal I hereby accept the appointment	nature, if changing Regis	tered Agent; am familiar with an	d accept ti n obli	gations	of the posit	ion.

Page 1 of 6

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 <math>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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change		NICEDYS SANTANA	6400 Sw 11487 PINZONEST, FL,
			PINEONEST, FL,
Remove			33156
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Demous			

	(Be specific)
	
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f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:

6/20/2018	
	, if other than the
date this document was signed.	
Effective date if applicable: 6 6 60	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 6/25/3015.	
Signature Norths afour	
(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)	
WORKIUS SANITANIA	
(Typed or printed name of person signing)	_
PRESIDENT.	
(Title of person signing)	_