P15000051506

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JUN 3 0 2015 CLEWNS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION: Appriya, Inc.				
DOCUMENT NUMBE	R:	······································			
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this mat	tter to the following:			
Di	kka Amuchastegui				
	Name of Contact Person				
Aj	opriya, Inc.				
		Firm/ Company			
11	117 NW 42nd Ave Ste CU3				
		Address			
М	iami, Florida 33126				
		City/ State and Zip Code	3		
dikka@:	appriya.com				
	• •	sed for future annual report	notification)		
	•	•	ŕ		
For further information c	oncerning this matter, pleas	se call:			
Dikka Amuchastegui		at (786	897-3189		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the	ne 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)		
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 JUN 22 PM 1: 49 Appriya, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000051506 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Not Applicable name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." Not Applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Not Applicable (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Not Applicable Name of New Registered Agent (Florida street address) Not Applicable New Registered Office Address: Florida (Zip Code) (City) 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 position.

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PSD	Oui Coulson	415 Viscaya Avenue
Add			Coral Gables, Florida 33134
Remove			
2) X Change	VTD	Dikka Amuchastegui	914 Messina Avenue
Add			Coral Gables, Florida 33134
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
O Charac			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti-</u> (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Not Applicable	

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Water III	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) Not Applicable	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
1101/1ppiicuoie	
,	

	Date this document was signed - 16 June 2015		
The date of each amendment(s)	adoption:		if other than the
date this document was signed.		CECRETARY	OF STAFFINE
Effective date if applicable:	•	SECRETARY DIVISION OF GO	Khenwire
	(no more than 90 days after amendment file date)	15 JUN 22	PH 1:49
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)	
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment		
	st for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	areholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder	
16 June 2 Dated	2015		
Signature	A Color		
	director, president or other officer - if directors or officers have no	ot been	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other	ner court	
appo	inted fiduciary by that fiduciary)		
	Dikka Amuchastegui		
	(Typed or printed name of person signing)		
	Vice President and Director		
	(Title of person signing)	 -	