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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BLACK DIAMON	ND LASERS INC	
DOCUMENT NUME			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	DELVIS SIMMONS		
•		Name of Contact Perso	n
		Firm/ Company	
	4230 DELMORA CT		
·		Address	
	PALM BEACH GARDENS	FL 33418	
		City/ State and Zip Cod	e ———
DELV	TSM@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DELVIS SIMMONS		at (<u>561</u>	301-1192
Name o	f Contact Person		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)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassec, F1, 32301

Articles of Amendment to Articles of Incorporation of

Articles	s of Amendment
Articles	of Amendment to of Incorporation of rrently filed with the Florida Dept. of State)
	of Control
BLACK DIAMON LASERS INC	77.7
	rrently filed with the Florida Dept. of State)
P15000063254	
	nber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes. s Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name of the corporatio	on:
A VIE SPA INC	The new
ime must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevial	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
EDUCT HEW HIGHHIP AUGTESS, IT ADDRICANTE:	4230 DELMORA CT
(Muiling address MAY BE A POST OFFICE BOX)	
(Muiling address MAY BE A POST OFFICE BOX)	PALM BEACH GARDENS FL 33418
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	PALM BEACH GARDENS FL 33418 address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office address registered agent and/or the new registered office address registered registered office address registered office address registered registered office address registered registe	PALM BEACH GARDENS FL 33418 address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	PALM BEACH GARDENS FL 33418 address in Florida, enter the name of the dress:
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(Muiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent (Florid	PALM BEACH GARDENS FL 33418 address in Florida, enter the name of the dress:

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	PT	John Doe	
X Remove			
	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add		-	
Remove			
6) Change			
Add			
Remove			

). (Be specific)	
		
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f an amendment provides for an exchange the ame	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
<u>provisions for implementing the ame</u>	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
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provisions for implementing the ame	enange, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	tho more than 90 days after untertament fite dates	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
06/05/2	018	
Dated	allaro	
(By a select	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	DELVIS SIMMONS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	