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(Do	ocument Number)	
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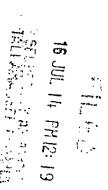
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R. WHITE



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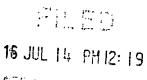
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIMIA CORPOR	ATION					
DOCUMENT NUMB	ER:						
	f Amendment and fee are su	bmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
•	Jorge E. Otero, Esq.						
-	Name of Contact Person						
	Jorge E. Otero & Associates, P.A.						
-		Finn/ Company					
	75 Valencia Avenue, Fourth	Floor					
-	Address						
Coral Gables, Florida 33134							
-		City/ State and Zip Code	e				
service	e@oterolaw.com						
	_	sed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
Jorge E. Otero, Esq.		at (305	567-9000				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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			Address				
Amendment Section		Amendment Section					
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MIMIA CORPORATION

(Mailing address MAY BE A POST OFFICE BOX)	(Name of Corporation as currently	y filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CHAPARRAL CORPORATION The new 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new 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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida		
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(Florida street address) New Registered Office Address:, Florida		
New Registered Office Address:, Florida	Name of New Registered Agent	
New Registered Office Address:, Florida	——————————————————————————————————————	ant address)
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 Pagistared 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	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				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
F. 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)
· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) addate this document was signed.	option:	JULY	l, 20	016	, if other than the
Effective date <u>if applicable</u> :		e than 90 days afte		4 (Classical)	
	(no mor	e than 90 days afte	r amenamen	i jue aaie)	
Note: If the date inserted in this ble document's effective date on the Dep			ory filing re	quirements, this date wil	l not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)			
The amendment(s) was/were adop by the shareholders was/were suff		ers. The number o	f votes cast i	or the amendment(s)	
☐ The amendment(s) was/were appr must be separately provided for e					
"The number of votes east for				al	
by					
	(voting group)			
☐ The amendment(s) was/were adopted action was not required.	ted by the board of d	lirectors without sh	areholder ac	tion and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	eted by the incorporati	tors without shareh	older action	and shareholder	
Dated	7/7/16				
Signature (By a di	ector, president or of	her officer – if dire	ectors or offi	cers have not been	_
selected		- if in the hands of		ustee, or other court	
	lorge E. Otero				
-	(Typed or	printed name of pe	rson signing)	
,	Director				

(Title of person signing)