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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2016 JUN 27 PM 3: 30
SECHETARY OF STATE
TALLAHASSEE, FLASSE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	- D	1mie Mic 15000094	imi Inc
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
-	Vic	Name of Contact Person	raldo
-		Firm/ Company	
-	881 Ocean	Dr. #8F Address	
-	<u>Ker</u>	Biscour City/ State and Zip Code	e H. 33149
	E-mail address: (6) be us	aldo 6 be	Usouth. net notification)
For further information	concerning this matter, pleas	e call:	
Victor	ria Siral	do at (786	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)
Mail	ing Address	Street	Address

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

Loramie	: Mami Mc.		
	filed with the Florida Dept. of State)		
P150	00094457		
(Document Number of C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	dorida Profit Corporation adopts the following a	mendmer	nt(s) to
A. If amending name, enter the new name of the corporation:			
	T_{i}	he new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbi o". A professional corporation name must cor	reviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			
C. Enter new mailing address, if applicable:	4	~3	
(Mailing address MAY BE A POST OFFICE BOX)	7.55	=	
		<u>`</u>	
	<u> </u>	27	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	PH	Ш
new registered agent and/or the new registered office address:		<u>ಸ</u> ധ	
Name of New Registered Agent	10 S	3: 30	
	>	0	
(Florida stree	et address)		
New Registered Office Address:	, Florida		
	City) (Zip Cod	de)	
Name Desirational Association (Company of Company)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.		
Signature of New Re	gistered Agent, if changing		
Signature by them the	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 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.

Wilke Jones, v as Remove	, ana sai	ny Smun, Sv as an Aaa.	
Example: X Change	<u>PT</u>	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) X Change	SD	Victor Giraldo	881 Ocean Dr
Add			#8F
Remove			Key Bisrayre, Fr. 33149
2) Change	P	Victoria Giraldo	881 Ocean Dr
X_ Add			#8F
Remove			Key Boscayne, Fr. 3314
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

auditivitat siteets, ij necessul y).	icles, enter change(s) here: (Be specific)
W-10	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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 20 16
Signature Signature
(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)
Victor Giraldo
(Typed or printed name of person signing)
Secretary
(Title of person signing)