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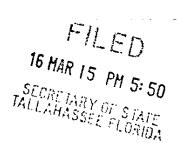
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Mia Vaping Co		
DOCUMENT NUI	P16000014465		
The enclosed Articl	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Gabriel Garcia		
		Name of Contact Person	n
		Firm/ Company	
	9595 Fontainebleau Blvd Ap	t 601	
		Address	
	Miami, Fl 33172		
		City/ State and Zip Cod	e
mia	avapingco@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Gabriel Garcia		at (212-7819
Nam	e of 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)
A D	lailing Address mendment Section ivision of Corporations	Amend Division	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee FI 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



to

Mia Vaping Co

(Name of Corporation	on as currently filed with the Florida Dept, of State)
P16000014465	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:
n/a	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BO)	<u></u>
•	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
r nervey accept the appointment as registered agent. I	am juminur with and accept the obtigations of the position.
Signa	ature 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.

Example: X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Ulises Hernandez Sosa	12840 sw 43 Dr
X Add			Miami, Fl 33175
Remove			
X Change	<u>s</u>	Heidy Moreno	9595 Fontainebleau Blvd Apt 601
Add			Miami, Fl 33172
Remove			
3) Change		_	
Add			
Remove			
4) Change			<u> </u>
Add			NAME AND ADDRESS OF THE PROPERTY OF THE PROPER
Remove			
5) Change			····
Remove Add			
6) Change		-	
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Gabriel Garcia P 50%	
Ulises Hernandez Sosa VP 40%	
Heidy Moreno S 10%	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
N/A	

03/08/2016	
The date of each amendment(s) adoption:, if other date this document was signed.	than the
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 liste document's effective date on the Department of State's records.	d as the
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)	
☐ 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.	
O3/05/2016 Dated 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)	
Gabriel Garcia	
(Typed or printed name of person signing)	
President	

(Title of person signing)