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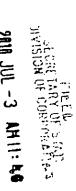
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COVER LETTER

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		COVER LETTER			
TO: Amendment Section of Corpo				211 JUL -3 MIL.	
NAME OF CORPOR	ATION:Coki Tattoos Co	rp.		王	
DOCUMENT NUMB	P16000020457			***	
The enclosed Articles of	of Amendment and fee are so	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		Osman Gonzalez Coki			
•		Name of Contact Person	1		
Coki Tattoos Corp Firm/ Company					
-		Address	·····•		
•					
		City/ State and Zip Code			
		protattoo83@gmail.com			
	E-mail address; (to be u	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Osman Gonzalez Coki		305	546-9790	_	
Name 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:		
S35 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	<u>Address</u>		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of





Coki Tattoos Corp

$(\underline{Name\ of\ Corporation\ as\ currently\ filed\ with\ the\ Florida\ Dept.\ of\ State})}$ P16000020457

(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:

name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "		
corp., me., or Co., or the designation (cord "chartered," "professional association," o		u corportition name musi comain
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	<u> </u>	
If amending the registered agent and/or re- new registered agent and/or the new regist		r the name of the
	ereu omice address.	
Name of New Registered Agent		
	(Florida street address)	
		Florida
Name of New Registered Agent	(Florida street address) (City)	Florida
Name of New Registered Agent	(Ciţy)	Florida

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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	Þ	Lixandra Morales	7485 SW 23rd ST
X Add		-	Miami Florida 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			- -
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
	<u> </u>
If an amendment provides for an exchange of the ame	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, 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 <u>if applicable</u> :	·
(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 dadocument's effective date on the Department of State's records.	ite will not be listed 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.	8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemormust be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 shareholde action was not required.	ет
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/20/2018	
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 courappointed fiduciary by that fiduciary)	rt
Osman Gonzalez Coki	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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