## P16000023928

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SECRETARY OF STATE
DIVISION OF CORPORATION

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JUL 1 2 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARIBBEAN 3D	COLORS, INC			
DOCUMENT NUME	P16000023928				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	CARLOS H. RAMIREZ				
•		Name of Contact Persor	1		
	CARIBBEAN 3D COLORS	, INC			
•		Firm/ Company			
	74 NW 31 ST.				
	Address				
	MIAMI, FL 33127				
		City/ State and Zip Code	e		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
CARLOS H. RAMIK	REZ		) 748-8116		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2016 JUL -7 AM 7: 54

## CARRIBEAN 3D COLORS INC

	Corporation as currently	y filed with the Florida Dept. of State)
P16000023928		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new nan	ne of the corporation:	
N/A		The new
	tion "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation  Co". A professional corporation name must contain the
B. Enter new principal office address, if	fannliachlas	N/A
(Principal office address MUST BE A ST		**************************************
C. Enter new mailing address, if applic	able:	
(Mailing address MAY BE A POST O		N/A
		<del></del>
D. If amending the registered agent and new registered agent and/or the new		
	N/A	
Name of New Registered Agent		
-		
	,	eet address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if ch	anging Pegistered Agents	
		vith and accept the obligations of the position.
<u> </u>		
	Signature of New R	egistered 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	PT	John Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	CARLOS H. RAMIREZ	74 NW 31 STREET
Add				MIAMI, FL 33127
X Remove				
2) Change				<del> </del>
Add				
Remove				
3) Change		_		
Add				
Remove				
4)Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change				
		_		
Add				
Demove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	•
· · · · · · · · · · · · · · · · · · ·	
	<del> </del>
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
<u> </u>	The state of the s

	1	Thinkly is asked show show show
date this document was signed:	ion:	CTARY OF if other than the LOF CORPORATION.
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del>[</del>
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this oment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment ent for approval.	t(s)
	ed by the shareholders through voting groups. The following statem h voting group entitled to vote separately on the amendment(s):	nent
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
06/21/2016 Dated		
Signature	raules or amiles	
(By a direct	tor, president or other officer - if directors or officers have not been	
	y an incorporator — if in the hands of a receiver, trustee, or other co fiduciary by that fiduciary)	urt
••	,	
CA	RLOS H. RAMIREZ	
	(Typed or printed name of person signing)	
Vio	CE-PRESIDENT	
	(Title of person signing)	<u> </u>