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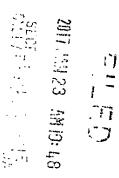
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Amend

JAN 2 4 2017 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: SURE LENSES, C	ORP.			
DOCUMENT NUMBER:	P16000047689				
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.			
Please return all correspond	lence concerning this ma	tter to the following:			
ARM	MANDO M. MARTINEZ	Z			
	•	Name of Contact Perso	<u></u>		
DEN	DEMOS GLOBAL GORUP, INC.				
<del></del>		Firm/ Company			
7300	7300 N. KENDALL DRIVE, SUITE 470				
<u></u>		Address			
MIA	MI, FL 33156				
<del></del>		City/ State and Zip Cod	e		
tm@demo	sglobal,es				
	-	sed for future annual report	notification)		
	,	· · · · · · · · · · · · · · · · · · ·	,		
For further information con	cerning this matter, pleas	se call:			
TANIA MARTINEZ		at ( 305	670-0979		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Division P.O. Box	ent Section of Corporations	Ameno Divisio Cliftor	Address  Interpretation  On of Corporations  Building  Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SURE LENSES, CORP.			
(Name of Corporation as currently	filed with the Florida Dept. of State	<u>e</u> )	
P16000047689			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	orida Profit Corporation adopts the	following amenda	nent(s) to
A. If amending name, enter the new name of the corporation:	·		
		TI	
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.	o". A professional corporation nan		on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			-
			-
C. Enter new mailing address, if applicable:		71.5	•
(Mailing address MAY BE A POST OFFICE BOX)		promise para	- 1
		males.	
		$\omega$	_ •
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the	91 :CI W	じ
Name of New Registered Agent		ු හු වි	
		<del></del>	
(Florida stree	21 address)	<del></del>	
New President J. Office Address	. Florida		
New Registered Office Address:	, Florida City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the p	oosition.	
Signature of New Re	gistered 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 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	P	LUIS CARMONA MUÑOZ	7300 N. KENDALL DRIVE		
Add			SUITE 470		
XX Remove			MIAMI, FL 33156		
2) Change	P	SOFIA CALVILLO MORA	7300 N. KENDALL DRIVE		
XX Add			SUITE 470		
Remove			MIAMI, FL 33156		
3) Change		<del></del>			
Add					
Remove		•			
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove	* * ** *				

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				charec.	
f an amendment provides for an provisions for implementing the (if not applicable, indicate N/	amendment if i	assification, or can not contained in th	<u>e amendment itse</u>	<u>if:</u>	
provisions for implementing the	amendment if i	essification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	assification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	essification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	assification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	essification, or can	e amendment itse	if:	
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/	amendment if i	assification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	essification, or can	e amendment itse	if:	
provisions for implementing the	amendment if i	essification, or can	e amendment itse	if:	

	DECEMBER 1, 2016	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
	EMBER 1, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame fficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sh	nareholder
action was not required.	pted by the incorporators without shareholder action and shareh	older
Dated 12/6	6/16	
(By a d selecte	irector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	
	Socia Calvillo Mora (Typed or printed name of person signing)	
	President	
	(Title of person signing)	