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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ DIMA INVERSIONES INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAUL RUBIN Name of Contact Person RUBIN & ASSOCIATES CPA FIRM PA Firm/ Company 2080 NW BOCA RATON BLVD. SUITE 6 Address BOCA RATON, FL 33431 City/ State and Zip Code ovidiodima@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 750-8299

Area Code & Daytime Telephone Number **PAUL RUBIN** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

DIMA INVERSIONES INC.

17 MAY 30 PM 12: 02

to

(Italie of Corporation as current	y filed with the Florida Dept. of State)	
P16000072899	(4) · · · · · · · · · · · · · · · · · · ·	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s	
A. If amending name, enter the new name of the corporation:		
DIMA DIAMONDS INC.	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4958 North University Drive	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lauderhill, FL 33351	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4958 North University Drive	
, 0		
	Lauderhill, FL 33351	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	ress in Florida, enter the name of the	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	ress in Florida, enter the name of the	

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
6) Change Add				
Aud				

	(Be specific)
	
If an amandment provides for an ave	hange veelegaification or engallation of issued shapes
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an exc 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 amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareh	older
MAY 18, Dated	2017	
Signature X	Aima O.	
(By a select	director, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	DIMA OVIDIU	
	(Typed or printed name of person signing)	
	PRESIDENT	
,	(Title of person signing)	