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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FABY	S SCREEN PRINTING & EMBROIDERY CORP					
DOCUMENT NUMBER: P17000027597						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concern	Please return all correspondence concerning this matter to the following:					
EULALIA RAXA	СН					
	Name of Contact Person					
ON TIME ACCO	UNTING TAX INC					
	Firm/ Company					
721 E 48 ST	• •					
	Address					
HIALEAH, FL. 3.	3013					
	City/ State and Zip Code					
laly@ontimeaccounting	lax.com					
E-mail addre	ss: (to be used for future annual report notification)					
For further information concerning this n						
	at (786) 247-7224					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following am-	ount made payable to the Florida Department of State:					
\$35 Filing Fee						
Mailing Address Amendment Section Division of Corporation 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

FABY'S SCREEN PRINTING & EMBROIDERY CORP

(Name of Corporation as currently filed with the Florida Dept. of State)
P17000027597
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent JUAN JOSE ARTILES
3896 NW 125th STREET (Florida street address)
New Registered Office Address: OPA-LOCKA Florida 33054
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
I Signature of their Registered rigem, 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ONEL LOPEZ	3896 NW 125 STREET
Add			OPA LOCKA, FL 33054
X Remove			
2) Change	Р	JUAN J ARTILES FIGUEROA	3896 NW 125 STREET
XAdd			OPA LOCKA, FL 33054
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
i) Change	<u>-</u> -		
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Ra enacific)
Attach adamonal sneets, if necessary).	(be specific)
	
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If an amandment provides for an avab	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amount	ndment if not contained in the amendment itself:
(if our more lengths in times 3/(1)	nument if not contained in the amendment usen:
(if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
date inis document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bidocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"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.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/26/2018 Dated Signature	The H.	
(By a d selecte	irector, president or other officer – if directors or officers have not been down an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
	ONEL LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the