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SECRETARY OF STATE
MELAHASSEE FILISIAN

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	JEMA OF SOUTH	I FLORIDA INC	
DOCUMENT NUMB	P17000055705 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA PARJUS, Esq.		
•	, Alberta de la companya de la compa	Name of Contact Person	n
	PARJUS LAW		_
		Firm/ Company	
	1535 N Park Dr. suite 104		
		Address	
	Weston FL 33326		
		City/ State and Zip Cod	e
legal@	Pparjuslaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Maria Parjus		954 at (218-5909
Name o	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:
\$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)
Ame Divis P.O.	ling Address Induction Section Is on of Corporations Induction Section	Amend Divisio Clifton	Address Incent Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ıte</u>)
JEMA OF SOUTH FLORIDA INC PI 7000557	6 5	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation: MATISA EMPORIUM INC		The new
name must be distinguishable and contain the word "corporati" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, if applicable:	7875 NW 107 Ave. Suite 419	18
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Doral FL 33178	至素四
		· 555 5 FM
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7875 NW 107 Ave. Suit 419	D 3
	Doral FL 33178	15 TO
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent		<u>e</u>
(Florida s	treet address)	
New Registered Office Address:	. Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		position.

Signature of New Registered 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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
X 1) Change	P	Matilde Mendoza Perdomo	7875 NW 107 AV. SUITE 419
Add			DORAL FL33178
Remove			
2) Change	VP	Jesus Mendoza Romero	URB TRIGAL SUR CALLE LOS
Add			MIJAOS VALENCIA
X Remove			VENEZUELA, 2001
3) Change	VP	Hector Escalona Figueredo	7875 NW 107 AV. SUITE 419
X Add			DORAL FL33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•). (Be specific)
	
	change, reclassification, or cancellation of issued shares,
If an amendment provides for an exc	
provisions for implementing the ame	nendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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k ocuSign Envelope ID: FF079A29-03F8-48	EE-9D99-9DD33017769C	
The date of each amendment(s)	doption:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(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, this date vepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were at by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
The amendment(s) was/were as must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"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 ac action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
02/28/201	8	
Dated		
Signatura	latiede Menda)	
	firector, president or other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appo il	sted fiduciary by that fiduciary)	
	Matilde Mendoza Romero	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	