P17000062890

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SANS MARIN DE	ESIGN INC			
DOCUMENT NUM	1BER: P17000062890				
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	ster to the following:			
	JUAN MERCADAL				
		Name of Contact Person	1		
	OBS INC				
		Firm/ Company			
	1444 BISCAYNE BLVD, SU	UITE 212			
	 	Address			
	MIAMI FL 33132				
		City/ State and Zip Cod	<u> </u>		
	CORP976@ GMAIL.COM				
	<u> </u>	sed for future annual report	notification)		
For further informati	on concerning this matter, plea		417-9919		
	of Contact Person	at (<u>305</u> Area Co) de & Daytime Telephone Number		
	for the following amount made		·		
■ \$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		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

SANS MARIN DESIGN INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P17000062890	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
CALMA INTERIORS INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.," ontain the word
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: (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	
(Florida street address)	
New Registered Office Address: , Florida,,	(Zsp Code)
κ την	(Zsp 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 posi-	tion.
Signature of New Registered Agent, if changing	 —— ස
Charle if annihila	Эň
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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, $V \in V$ ice President; $T \in T$ reasurer; $S \in S$ ecretary: D = D irector; TR = T rustee; C = C hairman or Clerk; CEO = C hief Executive Officer; CEO = C hief 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>	<u>John Doe</u>	
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	·		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N A)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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(i) not applicable, matcale N A)	provisions for implementing the ame	ndment if not contained in the amendment itself:
	(у ног аррисавле, таксале х л)	

The date of each amendment(s) addate this document was signed	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	····
Note: If the date inserted in this bl	ock does not meet the applicable statutory filing requirements	
document's effective date on the De		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required	oted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame ficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east :	or the amendment(s) was/were sufficient for approval	
piv	<u> </u>	
	(voling group)	
05/24/	2021	
Signature (By a di		
selected	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or ord fiduciary by that fiduciary)	
	Sandra Sans Marin	
•	(Typed or printed name of person signing)	<u> </u>
	President	
•	(Title of person signing)	