Florida Department of State

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COR AMND/RESTATE/CORRECT OR Q/D REAIGN ASIAN DAVINCI, INC.

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OCT 2 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ASIAN DAVINCI,INC. P17000076750 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAME MASARWE Name of Contact Person Firm/ Company 1830 SOUTH OCEAN DRIVE #4604 Address HALLANDALE BEACH, FL 33009 City/ State and Zip Code E-mail address: (to be used for future amual report notification) For further information concerning this matter, please call: at (786) 514-4025

Area Code & Daytime Telephone Number BRIGITTE HERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassec, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2017 OCT 25 AM 10: 17

	<u> </u>	
(News of Corneration as current	ly filed with the Florida Dept. of State)	
		- 1
ASIAN DAVINCI INC	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the corporation:		1
		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	CO , /2 p. sy=====	hreviätion ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		-
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1830 SOUTH OCEAN DR	
(maning duty is 1940)	#4604	
	HALLANDALE BEACH,FL 33009	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	Idress in Florida, enter the name of the	
Name of New Registered Agent		.
		_
(Florida	street address)	1
	. Florida	j
New Registered Office Address:		Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I om familia	ent: ar with and accept the obligations of the position.	
Signature of New	w Registered Agent, if changing	j

address of each Office (Anach additional shee Please note the officer; P = President; V= Vic Executive Officer; CFI held. President. Treass Changes should be not a change. Mike Jones Mike Jones, V as Remo	er and/or Dets, if necessified to the President O = Chief I week ted in the followers the College the	nrector iary) le by the i: T= Ti Financia or would illowing	first letter of the office title: easurer: S— Secretary: D= Director: TR Il Officer. If an officer/director holds mil be PTD. manner. Currently John Doe is listed as ion, Sally Smith is named the V and S. Th	teer/director being removed and title, name, and tele, name, and tele, name, and tele, the Trustee; C = Chairman or Clerk; CEO = Chore than one title, list the first letter of each off the PST and Mike Jones is listed as the V. There were should be noted as John Doe, PT as a Change	ief ice
Example: X Change	<u>PT</u>	John !	<u>Doe</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
_X Add	<u>\$V</u>	Sally	<u>Smith</u>		
Type of Action	<u>Title</u>		Name	Address	
(Check One)	P		CINDY CHASIDA KREMER	1830 SOUTH OCEAN DRIVE	
1) Change X				#4604	
Add				HALLANDALE BEACH, FL3300	
	P		RAME MASARWE	1830 SOUTH OCEAN DR	
2) Change				#4604	
Add X Remove				HALLANDALE BEACH, FL 3300	
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5)Change		_			
Add					
Remove					
6) Change					
Add	,				
Remove					

ittaen <i>aaattionat sne</i>	og additional Articles, ets, if necessary). (Be	specific)			
<u> </u>					
					<u> </u>
					
	<u> </u>				
If an amendment t	provides for an exchan	ge, reclassificat	ion, or cancellat	ion of issued share:	<u>5</u> ,
nrovisions for inv	olementing the amend	ment if not cont	nined in the nur	pdment itself:	
(if not applica	ble, indicate N/A)				
					··
·					

if other than to	he
The date of each amendment(s) adoption:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.	the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature	
By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or primed name of person signing) Mulculant	
(Title of person signing)	