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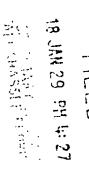
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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION. 115+	a Impartings Corp	
DOCUMENT NUMBER: P18(	000001147	
The enclosed Articles of Amendment and fee are su	abmitted for tiling.	
Please return all correspondence concerning this ma	atter to the following:	
	Laura H. Molina Name of Contact Person	
	Name of Contact Person	
	1sto Importings Corp president	
234	15to Importings Corp president Firm/Company 42 Roanoke Springs Drive	
	City/ State and Zin Code	
	one will the state	
yerandy.	molina a gmail. com sed for future annual report notification)	
rmanyaddress. (to we us	sed for future armual report notification)	
For further information concerning this matter, pleas	se call:	
Yerandy Molina	at ( 941 ) 960 - 5508  Area Code & Daytime Telephone Number	
/ Name of Cyntact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made j	payable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to

	Articles of Incorporation			
Listo	Importings	COPP		
( <u>Name of Corpora</u>	ation as currently filed with the	Florida Dept. of State)		
P	1800000114	17		
(Doe	ument Number of Corporation (if	known)		
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Co</i>	prporation adopts the fe	allowing amendme	nt(s) to
A. If amending name, enter the new name of the List name must be distinguishable and contain the w "Corp" "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the designation of the contains the contains the word "chartered," "professional association," or the designation of the contains the	to Imports  ord "corporation," "company."  rp." "Inc." or "Co". A professi	Corp or "incorporated" or onal corporation name	The new the abbreviation must contain the	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			: <del>o</del>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	3 <u>0X</u> )		JAN 29 PH 4: 27	FILED
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Florida, e ed office address:	nter the name of the		
Name of New Registered Agent				
	(Florida street address)	<del>-</del> · .	<del></del>	
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and accept th	he obligations of the pos	sition .	

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 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	
<u>X</u> Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1+ Change			
Add			***
Remove			<del></del>
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	<u>-</u>
Add			<u> </u>
Remove			

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	<del></del>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
у на аррисане, такае (ул.)	

The date of each amendment(s) adoption:	, if other than the
-	
Effective date if applicable: (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the umendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The finust be separately provided for each voting group entitled to vote separately on the amendment(s) was/were approved by the shareholders through voting groups.	oflowing statement endment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated January 25, 2018 Signature Affairs	
Signature	
(By a director, president of their officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
Laura M. Molina	
(Typed or printed name of person signing)	
President	
(Title of person signing)	