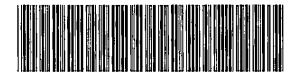
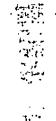
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R. WHITE MAR 1 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MATINEZ INTERIORS CORP DOCUMENT NUMBER: P18000021646 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HUMBERTO MARTINEZ Name of Contact Person Firm/ Company <u>3047 SW 21 STREET</u> Address CORAL GABLES, FL. 33145 City/ State and Zip Code chaylanotano@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chaylan Otano at (Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Glifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



18 HAR 14 AH 10: 29

(Name of Corporation as currently filed with the Florida Dept. of State) " Septial MATINEZ INTERIORS CORP (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MARTINEZ INTERIORS CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," 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: N/A (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A 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 N/A (Florida street address) New Registered Office Address: N/A , Florida (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

Address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or [if neces, rector tite Presiden = Chief i r, Direct in the fo wes the c	Director being added: sary) le by the first letter of the office title: t: T= Treasurer: S= Secretary: D= Financial Officer. If an officer/dire or would be PTD. llowing manner. Currently John Do orporation, Sally Smith is named the	the of each officer/director being removed and title, name, and it is a constant. Director: TR= Trustee; C = Chairman or Clerk: CEO = Chief ector holds more than one title, list the first letter of each office oe is listed as the PST and Mike Jones is listed as the V. There is a V and S. These should be noted as John Doe, PT as a Change,
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) N/A Change			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

if amending or adding additional Articles, enter change(s)	here:
(Attach additional sheets, if necessary). (Be specific)	
I/A	1
	
If an amendment provides for an exchange, reclassification,	Or cancellation of issued shares
provisions for implementing the amendment if not contained	ed in the amendment itself:
(if not applicable, indicate N/A)	
A	
	1
	

The date of each amendment(s) a	doption: <u>03/12/2018</u>	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after a	ımendmenı file date)
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory partment of State's records.	y filing requirements, this date 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 st	opted by the shareholders. The number of vo	otes cast for the amendment(s)
☐ The amendment(s) was/were appured to be separately provided for	proved by the shareholders through voting greach voting group entitled to vote separate.	roups. The following statement ly on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient fo	or approval
by		."
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without share	holder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without sharehold	er action and shareholder
Dated 03/12/20	18	
Signature 1	D	
selecte	rector, president or other officer – if director, by an incorporator – if in the hands of a reed fiduciary by that fiduciary)	ors or officers have not been eceiver, trustee, or other court
	HUMBERTO MARTINEZ	
	(Typed or printed name of perso.	n signing)
	PRESIDENT	
	(Title of person sign	ing)