

(Requestor's Name)
(Address)
(assess,
(Address)
(City (Charter (Zity (Charter 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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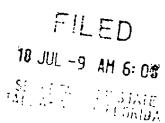
T. E. ED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: UNO DESIGN C	ORP		
DOCUMENT NUMI	BER: P18000038495			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JULIANA PIETA			
		Name of Contact Person	n	
	TAX CONTROLLER INC			
		F:/C		
	750 5 0 4440) 5 55 51 50	Firm/ Company		
	750 E SAMPLE RD BLDG	3 BAY 5		
		Address		
	POMPANO BEACH FL 33	064		
		City/ State and Zip Cod	e	
JULIA	ANA@TAXCONTROLLER.	СОМ		
	_	sed for future annual report	notification)	
	is man and copy, (10 of all	rea for fatale amiliar report	notheadony	
For further information	n concerning this matter, pleas	se call:		
JULIANA PIETA		954	348-0106	
Name o	of Contact Person	Arca Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address	Street Address		
	sion of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327 Clifton Buildin			•	
	ihassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



UNO DESIGN CORP

(<u>Name of (</u>)	Corporation as currently t	iled with the Florida De	pt. of State)
F 10000030493	(Document Number of C	ornoration (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:		•	adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	". A professional corpo	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR		22691 Bella Rita Cir B	oca Raton FL 33433
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		22691 Bella Rita Cir B	oca Raton FL 33433
D. If amending the registered agent and/onew registered agent and/on the new registered agent and/onew registered agent ag	egistered office address:	s in Florida, enter the na	ime of the
Name of New Registered Agent	ARIANA TAVARES		
	<i>(Florida street</i> 2691 Bella Rita Cir Boca	,	33433 , Florida
wew negastered Office nadicess.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere			ns of the position.
	Signature of New Reg	istered Avent 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 De	<u>oc</u>	
X Remove	<u>Y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	P ——	_	MARIANA TAVARES	22691 Bella Rita Cir Boca Rator
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	_		
Remove				
6) Change				
Add		.		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
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f an amendment provides for an exch provisions for implementing the ame:	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	n(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	re
Dated 7/5/2018	
Signature Mai air lavans	
(By the chairman or vice chairman of the board, president or other officer-if directe have not been selected, by an incorporator – if in the hands of a receiver, trustee, cother court appointed fiduciary by that fiduciary)	
MARIANA TAVARES	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_