P18000060191

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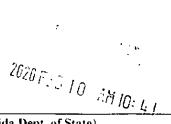


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FLOWING FORM	IS, INC	
DOCUMENT NUM	1BER: P18000060191		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	LAURA M. REYES		
	FLOWING FORMS, INC	Name of Contact Persor	1
		Firm/ Company	
	3180 CORAL WAY APT 50	. •	
		Address	
	CORAL GABLES, FL 3314		
		City/ State and Zip Code	2
caji	galaura@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
LAURA M. REYES	S	787 at (6187795
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



FLOWING FORMS, INC

	70. <u>L</u> J
	tly filed with the Florida Dept. of State)
P18000060191	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation;	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the project and country of the country of	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	
Name of New Registered Agent	
-	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
res Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
hereby accept the appointment as registered agent. I am familiar	
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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sp	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	DAMARIS DE JESUS	BO CABAN 91 TOMAS
Add				LAURRIEUX ST
X Remove				AGUADILLA, PR 00603
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Damovo				

(Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
If an amondment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.	
• •	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated01/25/2	Īha.	
selecteb	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
i	Prinsiden + (Title of person signing)	
•	Carrier of Barreau schuller	