P18000100107

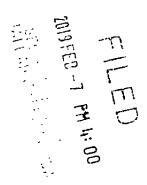
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Auri Kids, Inc.		
DOCUMENT NUMBER:	P18000100107		<u>.</u>
The enclosed Articles of Amen	dment and fee are sul	bmitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
		Aurimer Millan	
		Name of Contact Person	n
		Firm/ Company	
		3555 NW 83rd Ave Apt 408	
	•	Address	
		Doral, Florida 33122	
		City/ State and Zip Cod	е
		amillan@aurikids.com	
Е-п	nail address: (to be us	ed for future annual report	notification)
For further information concern	ning this matter, pleas	e call:	
Aurimer Millan		at (<u>786</u>) 271-9471
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made p	payable to the Florida Depa	artment of State:
-	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)
Mailing Ado Amendment Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2019 FEB-7 PM 4:00

Auri Kids, Inc.

(Name of Composition or surrently	filed with the Florida Dept. of State),
(Name of Corporation as currently	med with the Flotida Dept. of State),.
P18000100	107
(Document Number of	Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
N/A	The new
me must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation to a professional corporation name must contain the
Enter new principal office address, if applicable:	3555 NW 83rd Ave Apt 408
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Doral, Florida 33122
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3555 NW 83rd Ave Apt 408
	Doral, Florida 33122
If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	et address)
Name of New Registered Agent No. Name of New Registered Agent	et address)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	D	_	Peter Dzuba	1101 Brickell Ave South Tower #8
Add				Miami, Florida 33131
X Remove				
2) Change	P	_	Aurimer Del Valle Millan	3555 NW 83rd Ave Apr 408
X_ Add				Doral, FL 33122
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
S) Change				
5) Change		_ 		
Add				
Remove				
6) Change		<u>—</u>		
Add				
Pamova				

•	(Be specific)
N/A	
. <u>.</u>	
. <u> </u>	
WW. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
· -	
f an amoudment movides for an auch	hanne medicalification or annullation of ionus debugg
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)	
Mia	
N/A	
N/A	
NIA	
NIA	
N/A	

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated02/05/20	19
Signature /	s/ Aurimer Del Valle Millan
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Aurimer Del Valle Millan
-	(Typed or printed name of person signing)
_	President
_	(Title of person signing)