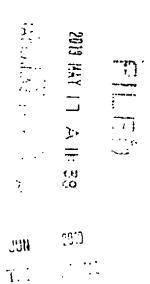
P190000 35716

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

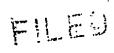
TO: Amendment Section Division of Corporations

į

NAME OF CORPORATION:BABY MOID	NTERNATIONAL INC.
DOCUMENT NUMBER:P190	00035716
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
MARIO ZAMORA	
Na	me of Contact Person
8004 NW 154 STREET # 132	Firm/ Company
MIAMI LAKES, FL 33016	Address
	/ State and Zip Code
mario@dzamora.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Mario Zamora	at (786) 236-3379
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payabl	to the Florida Department of State:
Certificate of Status C	S52.50 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



BABY MOI INTERNATIONAL INC.	10 WY 17 A W: 38
(Name of Corporation as currently filed with the Florida C	Dept. of State)
P1 9 000035716	The second of the second
(Document Number of Corporation (if known)	P. M. Robert
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation:	n adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "ince "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corp word "chartered," "professional association," or the abbreviation "P.A."	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	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 obliga	tions of the position.
Signature of New Registered Agent, if changi	ing

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 Doc 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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	D	VICTOR M	MARRERO GONZALE	130 NW 108 TERRACE
Add				PEMBROKE PINES, FL 33029
Remove				
2) Change	P,S	CANDIDO	A MARRERO GONZAL	130 NW 198 TERRACE
X Add				PEMBROKE PINES, FL 33029
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				-
Add				
Remove				

• • • • • • • • • • • • • • • • • • • •	enter change(s specific)				
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	<u>'</u>				
If an amendment provides for an exchange	<u>, reclassificatio</u>	on, or cancellati	on of issued sha	res.	
provisions for implementing the amendme (if not applicable, indicate N/A)	ent if not conta	ined in the ame	nament itseit:		
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendate.	e applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ON	! <u>€</u>)
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent	
"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 d action was not required.	irectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
Dated 5/6/19/	
Signature	
	her officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)
Victor	M MARRERO (TONZILOZ
	printed name of person signing)
<u> V S</u>	(Title of person signing)
	(Title of person signing)