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COVER LETTER

TO: Amendment Section Division of Corporations

:

NAME OF CORPO	RATION: MAD CUSTOMS	FLORIDA CORPORATIO	Ν				
DOCUMENT NUMI							
	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	Jose Rodriguez						
	Name of Contact Person						
		Firm/ Company					
	MAD CUSTOMS FLORIDA	CORPORATION					
		Address					
	19 N WESTMORELAND D	RIVE					
		City/ State and Zip Code	2				
	ORLANDO, FL 32805						
	E-mail address: (to be us	sed for future annual report	notification)				
For further informatio	n concerning this matter, plea	se call:					
Jose Rodriguez		at (421-1779				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amo Div P.O	iling Address endment Section ision of Corporations . Bux 6327 ahassee, FL 32314	Amend Divisio The Co 2415 î	Address Inent Section In of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303				

Articles of Amendment to Articles of Incorporation of

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WIAD COSTOMS FLORIDA CORPORATION			
	n as currently filed with the Flor	rida Dept. of State)	
P21000095687			
(Docume	ent Number of Corporation (if kno	wn}	
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amend	ment(s) to
A. If amending name, enter the new name of the cor	peration:		
		The r	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional corpo	porated" or the abbreviation "Corporation name must contain the wa	ord
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		_
			_
		₩ N	=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	Since -	LI)
<u> </u>	 	_	
		<u> </u>	
		공실 🧸	
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 If amending the registered agent and/or registered new registered agent and/or the new registered o 		r the name of the	
new registered agent and/or the new registered o	mee address.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
The state of the s	(Cay)	(Zip Code)	-
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I	am familiar with and accept the o	bligations of the position.	
Sivnat	ture of New Registered Agent, if cl	ianging	
		(* 17	
Check if applicable	07.0130.1111		
☐ The amendment(s) is/are being filed pursuant to s. 66	07.0120 (11) (e), F.S.		

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>74</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Α	Carlos Rodriguez	Carr 140 K63 H3C 00617
Add			Barceloneta, PR, OC 00617
X Remove			
2) Change	<u>A</u>	Carlos Rodríguez Ramos	19 N WESTMORELAND DRIVE
X Add			ORLANDO, FL 32805
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

additional success, o necessitive.	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
nravisions 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)	noncire is not contained in the amendment risen.

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	1 00 1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholds	er action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	tatement :
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	frector, president or other officer—If directors or officers have not tell, by an incorporator—if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	been r court
	Jose Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	