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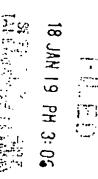


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R. WHITE JAN 22 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ESPIBARI CORPORATION
DOCUMENT NUMBER: P930000037287
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elise Barimo Name of Contact Person
Espibari Corporation Firm/Company 8250 NUM 1501 Tours
Miami Lakes, FL 33016 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elise Barimo 11,305,281-6054
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation

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	18	JAN	15	٢

	of	18 JAN 19 PM 3:05
ESPIBARI	Corporation	O STEPPING OF LIE
P930000	Corporation as currently filed with	the filorida Dept. of State)
	(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:)6, Florida Statutes, this <i>Florida Prof</i>	fit Corporation adopts the following amendment(s) t
A. If amending name, enter the new nam	of the corporation:	
	on "Corp," "Inc," or "Co". A pro	The new ny, " or "incorporated" or the abbreviation of the opening of the abbreviation of the opening the new nust contain the new nust contain the new nust contain the new new new new new new new new new ne
• •	1	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
,		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
	i	
		
D. If amending the registered agent and/or new registered agent and/or the new remains a second agent and/or the new registered agent and/or the new registered.		da, enter the name of the
Name of New Registered Agent		
_		
	(Florida street address)	
New Registered Office Address:	-	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		ept the obligations of the position.
	Signature of New Registered Ag	ent, 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: $V = Vice\ President$; $T = Treasurer_1^T S = Secretary$: 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	PT John Do	<u>)</u>	
X Remove	V Mike Jo	ones	
X Add	SV Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	<u>PD</u>	Lawrence J. Barımo	8250 NW 159 Ter.
Add Remove		!	Miami Lakes, FL 33016
2) Khange	<u>PD</u>	Ana Barimo	8250 NW 154 Ter. Miami Lakes, FL 33016
Add Remove			MIMITIN COLORS, 12 CO O TO
3) Khange	TS	Elise Barimo	8250 NW 159 Ter
Add Remove			Miami Lakes, FL 33016
4) Change Add			
Remove			
5) Change		:	
Add			
Remove			
6) Change			
Add			
Remove		1	

<u>les, enter change(s) here</u> : (Be specific)
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nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
ament a not contained in the amendment user.
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date <u>if applicable</u> :	y 10, 2018
Ö	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	EK ONE)
The amendment(s) was/were adopted by the shaby the shareholders was/were sufficient for applications.	reholders. The number of votes cast for the amendment(s) royal.
	parcholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda"	nent(s) was/were sufficient for approval
by	
(voting	group)
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the increaction was not required.	orporators without shareholder action and shareholder
Dated Junuary 10	,2018
Signature Signature	Fredima
	nt or other officer – if directors or officers have not been
	orator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by	that fiduciary)
E/is	e Barimo
(Ty	ped or printed name of person signing)
Treak	urer - Secretary

(Title of person signing)