NH000000168

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION: PADRINO M	NA FIGHT TEAM, COR	P
DOCUMENT NUM	MBER: N11000000168		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
		FINA SANTOS	
	(Name o	f Contact Person)	
	ACCOUNTAX	OFFICE SERVICES	
	(Firm	n/ Company)	
	7590 NW	186 ST STE.206A	
. ,	, (Address)	
o	MIAN	/II FL. 33015	
	(City/ Sta	ate and Zip Code)	
For further informat	E-mail address: (to be use ion concerning this matter, pleas	ed for future annual report notific	ation)
(Nam	e of Contact Person)	at () (Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	t 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

Articles of Amendment to Articles of Incorporation of



PADRINO MNA FIGHT TEAM, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000000168

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

PADRINO M r new name must be distinguishable and	MA FIGHT TEAM, CORP. contain the word "corporation" or "	incorporated" or the
breviation "Corp." or "Inc." <u>"Company"</u>		
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicabl	<u>e:</u>	
(Mailing address MAY BE A POST OFF	ICE BOX)	
	<u>'(CE BOX</u>)	
(Mailing address <u>MAY BE A POST OFF</u>		enter the name of th
	registered office address in Florida,	enter the name of th
(Mailing address MAY BE A POST OFF If amending the registered agent and/or	registered office address in Florida,	enter the name of th
(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida,	enter the name of th
(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in Florida, istered office address:	enter the name of th , Florida

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Add Remove
			Add Remove
E. <u>If amen</u> (attach a	ding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	<u></u>		
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The date of each amendmen	t(s) adoption: 01/21/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
ha	y the chairman of vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator—if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	HOWARD PUIG (Typed or printed name of person signing)
	PRESIDENT (Title of recognision)
	(Title of person signing)

Page 3 of 3