POUDO 78443

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	. , , , , , , , , , , , , , , , , , , ,
(Ci	ty/State/Zip/Phon	ne #)
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314.

NAME OF CORPORATION: MID-PACIFIC CORPORATION			
DOCUMENT NUMBER: P000	00078443		
The enclosed Articles of Amendmen	t and fee are submitted for filing.		
Please return all correspondence con	cerning this matter to the following:		
	Ingrid Feijoo		
	(Name of Contact Person)		
	Ingrid M Feijoo CPA PA (Firm/ Company)		
	(тип сопрану)		
11450 NW 34st Street (Address)			
***	Doral, FI 33178 (City/ State and Zip Code)		
For further information concerning the	nis matter, please call:		
Ingrid Feijoo	at (305) 477-4140 (Area Code & Daytime Telephone Num		
(Name of Contact Person)	(Area Code & Daytime Telephone Num	ber)	
Enclosed is a check for the following	amount made payable to the Florida Department of Sta	ite:	
\$35 Filing Fee \$43.75 Filing Certificate of		te of Status l Copy nal Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	FIL	ED
2009 A	PR 21.	
<u>''''' tal</u> AĤ,	ASSEE.	AMII: 12 OF STATE: FLORIDA

(Name of Corporation as c	urrently filed with the Florida Dept.	of State)
P	00000078443	G
(Document	Number of Corporation (if known)	_
rsuant to the provisions of section 607 owing amendment(s) to its Articles of Ir		Profit Corporation adopts the
If amending name, enter the new nam	ne of the corporation:	
e new name must be distinguishabl corporated" or the abbreviation "Corpo". A professional corporation ociation," or the abbreviation "P.A."	o.," "Inc.," or Co.," or the designa	tion "Corp," "Inc," or
Enter new principal office address, if incipal office address <u>MUST BE A STI</u>		
Enter new mailing address, if applica (Mailing address MAY BE A POST Of		
	<u></u>	
If amending the registered agent and		la, enter the name of the
new registered agent and/or the new	registered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if cha ereby accept the appointment as regist ition.		accept the obligations of the
	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>Tit</u>	<u>le</u>	Name	Address	Type of Action
<u>D</u>	·	MICHELE POMPEI	PO BOX 667796 MIAMI, FL 33166	☐ Add ☐ Remove .
<u>V</u>		MARITZA POMPEI	3820 EAST LAKE ESTATE DR	_
				Add Remove
 	If an amen	dment provides for an exchange, recla	ssification, or cancellation of iss	ued shares.
- •	provisions	for implementing the amendment if no		
	(ij noi a	applicable, indicate N/A)		
				
	 .			
	··• · · · · · · · · · · · · · · · · · ·		,	

The date of each amendment(s) adoption: 420-09			
Effective date if applicable: 4.30-09 (no more than 90 days after amendment file date)			
		(no more than 90 days after a	nendment file date)
Ad	loption of Amendment(s)	(CHECK ONE)	
☑	The amendment(s) was/were by the shareholders was/wer		The number of votes cast for the amendment(s)
			through voting groups. The following statement to vote separately on the amendment(s):
	"The number of votes ca	ast for the amendment(s) was/	were sufficient for approval
	by		,,
		voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.			
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			
	Dated April 20	0th, 2009	
	Signature	Dompu	Inanez.
(By a director, president or other officer—if-directors or officers have not been selected by an-incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	,		los Pompei
(Typed or printed name of person signing)			
		(Title of ne	Director (Son signing)