P12000017603

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Amend

12 JUN 22 AM 10: 58
SEME FELL STATE

JUN 2 5 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MYSTIC 7	TREE INC	
DOCUMENT NUMBER: P120001760)3	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
MONICA MUC	IN	
MYSTIC TREE	Name of Contact Person	1
2021 1ST AVE	Firm/ Company	
ST PETERSBU		<u> </u>
MONICA.MUNCIN E-mail address: (to be use	City/ State and Zip Cod. I@GMAIL.CC ed for future annual report	DM
For further information concerning this matter, please	e call:	
MONICA MUNCIN	at (727	,851 9828
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

12 JUN 22 AM 10: 58

SECRETARITY STATE
MALLAHASSEE FLORIDA

MYSTIC TREE, INC.

'n

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

P12000017603	s carrently med with the	Torius Dept. of State)		
(Docume	nt Number of Corporation (if known)	. 100	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following	g amendment(s) to
A. If amending name, enter the new no N/A	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional c	ncorporated" or the al orporation name must o	_ hbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent an new registered agent and/or the ne			ne name of the	
Name of New Registered Agent	N/A			
New Registered Office Address:	(Florida st	reet address)	lorida N/A	
New Registereu Office Address.	(City	, F	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	t: with and accept the obli	gations of the position.	
Si	Specifical Service 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)

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>PT</u>	John Doe	
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 Add Remove	DiR	MONICA MUCIN	VIA PADRE MARCO D'AVIANO, 10 33042 BUTTRIO UDINE ITALY
2) X Change Add Remove	PRES	MONICA MUCIN	VIA PADRE MARCO D'AVIANO, 10 33042 BUTTRIO UDINE ITALY
3) × Change Add Remove	SEC	MONICA MUCIN	VIA PADRE MARCO D'AVIANO, 10 33042 BUTTRIO UDINE ITALY
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	
	1
If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	N/A
111 (4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	

The date of each amendment(s) adopti	on: 06/18/2012
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 50 augs after amenament file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	(voting group)
	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 06/18/20)12
Signature	Orica Mucin
	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court
	duciary by that fiduciary)
M	ONICA MUCIN
	(Typed or printed name of person signing)
<u>Pf</u>	RESIDENT
	(Title of person signing)