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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO: Amendment Section '

Division of Corporations						
NAME OF CORPORATION: Mr. Deeds Corp.						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
Name of Contact Person						
Mr. Deeds corp.						
Firm/ Company						
25 Menores Ave #7						
Coral Gables FL 33134.						
City/ State and Zip Code						
Jeperez 25 @ quail. Cou.						
E-mail address: (to be used for future annual report notification)						
E-mail address. (to be used for future annual report nonnearton)						
For further information concerning this matter, please call:						
Jovier Perez a1 (305) 972-5419						
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:						
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment

\$

to

Articles	s of Incorporation		
inchest Co	of 		
(Name of Corporation as currently filed with	h the Florida Dept. of St	nte)	-
P140000	1114		
(Document Number of Corpor	ation (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation:		poration adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporati	ion:		
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevi	," or "Co". A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- - ' _s ;
			14 OCT 20
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered		er the name of the	THE CONTROL
Name of New Registered Agent			S.A.C.
(Flo	orida street address)		ω _{(**}
New Registered Office Address:		, Florida	
wew Registered Office Address.	(City)	(Zip Code)	<u>.</u>
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	miliar with and accept the	obligations of the position.	
Signature of New Kegi	stered Agent, if changing		

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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 <math>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 Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title Name P Javier E. Perez	Address 25 Menores Ave # Coral Gables, FL 33134.
2) Change Add Remove		
Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
<u>[f</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 07 21 2014.	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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 10/17/74.	
Signature	
(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)	
Sovier Perez	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	