

3/8/2018

Division of Corporations

**P14000000041**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000073246 3)))



H180000732463ABC+

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305)670-1991  
Fax Number : (305)670-1993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
JALINA SORRELL, FLORIDA

18 MAR -8 AM 8:58

FILED

RECEIVED  
17 MAR -8 AM 11:30

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MAISI INTERNACIONAL DE FINANZAS, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

MAR 09 2018

Electronic Filing Menu

Corporate Filing Menu

Help



March 7, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAISI INTERNACIONAL DE FINANZAS, INC.  
9700 SOUTH DIXIE HIGHWAY, SUITE 600  
MIAMI, FL 33156-2825

SUBJECT: MAISI INTERNACIONAL DE FINANZAS, INC.  
REF: P14000072641

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H18000073246  
Letter Number: 418A00004569

RECEIVED  
17 MAR -8 AM 11:00  
CORPORATIONS

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

MAISI INTERNACIONAL DE FINANZAS, INC.

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

P14000072641

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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**)

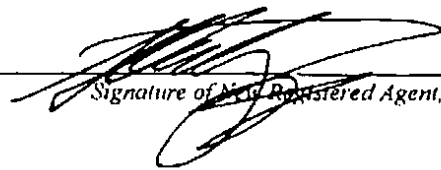
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent GUZMAN & GUZMAN, P.A.  
9130 S DADELAND BLVD, STE 1509  
*(Florida street address)*  
New Registered Office Address: MIAMI, Florida 33156  
*(City) (Zip Code)*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
*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)

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:

Change                    PT     John Doe

Remove                    V     Mike Jones

Add                         SV     Sally Smith

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3/6/18

Signature  - Alberto Guzman  
(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)

G I G Management VJ LLC  
(Typed or printed name of person signing)

Mgr  
(Title of person signing)