

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HOLIDAY SOUVENIRS, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

6/4/2015 ll:17:20 AM From: To: 8506176380(2/5)

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Articles of A						
Articles of Inc						
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HOLIDAY \$0	DUVENIRS, INC.					
(Name of Corporation as current	ly filed with the Florida Dent. of State)					
M4411	9					
(Document Number o	of Corporation (if known)					
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment					
. If amending name, enter the new name of the corporation:						
MBAR	ENTERPRISES, INC.					
une must be distinguishable and contain the word "corporation	on " "company " or "incorporated" or the abbreviation					
Corp., "Inc.," or Co.," or the designation "Corp," "Inc.," or corporation "Corp," "Inc.," or corporation or the abbreviation	"Co". A professional corporation name must contain the					
Enter new principal office address, if applicable:	10311 N. Lake Vista Circle					
Principal office address MUST RE A STREET ADDRESS)	Davie, Florida 33328					
. Enter new malling address, if applicable:	10311 N. Lake Vista Circle					
(Mailing address MAY BE A POST OFFICE BOX)						
	Davie, Florida 33328					
. If amending the registered agent and/or registered office address	iress in Florida, enter the name of the					
new registered an ent and/or the new registered of fice address	NS:					
new registered an ent and/or the new registered of fice addres	iress in Florida, enter the name of the					
new registered agent and/or the new registered of fice address Name of New Registered Agent	N:					
new registered agent and/or the new registered of fice address Name of New Registered Agent	NS:					
new registered agent and/or the new registered of fice address Name of New Registered Agent	N:					

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 officeridirector 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 afficeridirector 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:

∇-cusuRe		THIRT PAY	<u>.</u>		
X Remove	¥	Mike Jo	005		
_X Add	<u>sy</u>	Sally So	nith.		
Type of Action (Check One)	Title		Name		Address
l)Change		_		-	
Add					
Remove					
2) Change		_		_	·
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add		^		•	
Remove				•	
Kennye				,	
5) Change		-		-	
Add					
Remove					
6) Change					
-				•	······································
Add				•	······································
Remove					

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	
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in amendment provides for an exchi provisions for implementing the amen (if not applicable, indicate N/A)	ance, reclassification, or especificion of issued chares, adment if not contained in the amendment likely.
	
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6/4/2015 11:17:20 AM From: To: 8506176380(5/5)

		21, 1		
The date of each amendment(s) at data this document was signed.	deption:	15 JUN -4	AMII: 14 if or	ther than the
Effective date <u>if applicable</u> :				
	(no more than 90	days after amendment file da	ie)	
Note: If the date inserted in this be document's effective date on the De		ble statutory filing requireme	ents, this date will not be	listed as the
Adeption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the a	mendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
	for the amendment(s) was/were	sufficient for approval		
by	(voting group)		•	
	(voting group)			
The amendment(s) was/were add action was not required.	pted by the board of directors w	rithout shareholder action and	i shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators witho	ut shareholder action and sha	reholder	
Dated	612/15			
Signature	~ OP			
(By a d	lrector, president or other office			
	d, by an incorporator - If in the ted fiduciary)	hands of a receiver, trustee, o	r other court	
apponi	ed fiduciary by that fiduciary)			
	MANUEL J.			
	(Typed or printed na	ome of person algning)	· · · · ·	
	Pa55106	WT		
	(Title of	person signing)		