NO1000003794

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	MAIT	MAIL
(Bo	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
	Office Use Only	



700041643007

10/08/04--01023--006 **35.00

SEPRETARY OF STATE OF

10-14 Ma, amoul

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MHCO FENGUEIAL Systems, INC.
DOCUMENT NUMBER: NO1 00000 3794
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Warne of Contact Person)
United Fenancial Systems Inc.
23123 State Rd 7, Swite 350
Pola Raton, 92 33428 (City/State/ and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing): (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
of Katry Scanzo as a Director of the above named carparation.

(continued)

(Attach additional pages if necessary)

The date of adoption of the ar	nendment(s) was: FCMMy 4,2004
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
• •	was (were) adopted by the members and the number of votes cast was sufficient for approval.
	ers or members entitled to vote on the amendment. The were) adopted by the board of directors.
Signed thisday of	October 2004
(By the have n	chairman or vice chairman of the board, president or other officer- if directors not been selected, by an incorporator- if the hands of a receiver, trustee, or court appointed fiduciary, by that fiduciary.)
Cr	Wistopher Fould Vains (Typed or printed name of person signing)
FY	Esidat, Charman Ine Goard

FILING FEE: \$35