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Amend (10), 19, 13

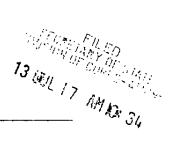
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M.S.D	.O.P.A. Inc.
DOCUMENT NUMBER: NO 30000	,
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	r to the following:
EILEEN GLASSHI	ofer
	(Name of Contact Person)
M.S.D.O.P.A.	
	(Firm/ Company)
7853 NW 61 TER	LRACE
	(Address)
PARKLAND, FL 3	3067
,	(City/ State and Zip Code)
eglaschofer	regmail.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
EILEEN GLASSHOFER	C. 1
(Name of Contact Person)	at (561) 716 - 6570 (Area Code & Daytime Telephone Number)
(Name of Confact Person)	(Area code & Dayline Pelephone Palmoor)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



M.S.D.O.P.A., Inc.

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

ent(s) to

N0300000532	2-		
	ther of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation add	opts the following amendme
A. If amending name, enter the new name of	the corporation:		
N/A			The new
name must be distinguishable and conlain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional corporat	rated" or the abbreviation ion name must contain the
B. Enter new principal office address, if app	licable:	N/A	
(Principal office address MUST BE A STREE	REET ADDRESS)	N/A N/A N/A	
		~//	
		N/A	
C. Enter new mailing address, if applicable		5054 VENISIA	IGTON CIRCLE
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BUX</u>)	0001 2070514	16TON CIRCLE 65, FL 33076
		CORAL SPRINE	35, FL 30016
D. If amending the registered agent and/or new registered agent and/or the new regi		s in Florida, enter the nam	e of the
Name of New Registered Agent	DIANE SCALI	A	
50	54 KENSINGTO	ON CIRCLE	
	(Florida street	address)	
New Registered Office Address: CO	RAL SPRINGS	, Florida_	33076
	(City)		(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ng Registered Agent: agent. I am familiar wit	h and accept the obligations	of the position.
		ent, if changing	
Signatu	re of New Registered Age	ent, 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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	GENIENE VILLANUEVA	5249 NW 112 WAY
Add			CORAL SPRINGS, FL 33076
X Remove			
2) Change	<u>T</u>	YENIS J. ALVAREZ	5818 N.W. 80 TERRACE
Add			PARKLAND, FL 33067
X Remove 3) X Change	Р	DIANE SCALIA	5054 KENSINGTON CIR
Add			CORAL SPRINGS, FL 33076
Remove			
4) Change	T	EILEEN GLASSHOFER	7853 NW 61 TERRACE
$\underline{\hspace{1em}\hspace{1em}\hspace{1em}\hspace{1em}\hspace{1em}}\hspace{1em}$ Add			PARKLAND, FL 33067
Remove			
5) Change	<u>S</u>	JODY CAMPANEULA	10133 NW 66th DR.
X Add			PARKLAND, FL 33076
Remove			
6) Change	<u></u>		
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
k1/n	
·	
an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/0	
<i>i</i>	
,	
,	
,	
,	

The date of each amendment(s) ad	option: 7/6/13
Effective date if applicable:	1/6/13 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated7	-13-13
Signature D	1 ane M. Salia
(By a di	irector, president or other officer - if directors or officers have not been
selected	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	DIANE SCALIA
·	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)