

NO50000/1886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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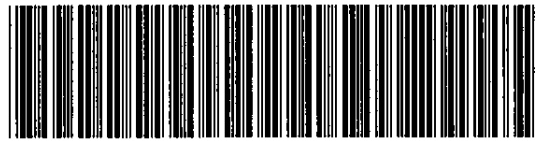
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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12/18/06--01059--018 **43.75

NC

FILED
06 DEC 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts DEC 20 2006

Marcas Promesa, Inc.
3501 W. Vine Street - Suite 354
Kissimmee, Florida 34741
Tel. (407) 729-1629
Email: MarcasPromesa@aol.com

December 14, 2006

Florida Dept of State
Amendment Section
Division of Corporations
P.O. 6327
Tallahassee, Florida 33214

Re: Name Change

Dear Sir/Madam:

Please be advised that the amendment to the name Marcas Recovery Project, Inc. which was recently sent to your offices (November, 2006) was inadvertently sent by error. At that time we were considering different names but somehow the documents were mixed up and mailed. If at all possible, please provide credit for the \$43.75 previously submitted.

Please find the new Articles of Amendment and a new check in the sum of \$43.75 to change the corporation name to **Marcas Vision, Inc.**

Thank you for your cooperation.

Very truly yours,


MARLEN L. CASTRO,
General Director

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARCAS RECOVERY PROJECT, INC.

DOCUMENT NUMBER: N05-000011886

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlen L. Castro

(Name of Contact Person)

MARCAS RECOVERY PROJECT, INC.

(Firm/ Company)

3501 West Vine Street - SUITE 354

(Address)

Kissimmee, Florida 34741

(City/ State and Zip Code)

For further information concerning this matter, please call:

Marlen L. Castro

(Name of Contact Person)

at (407) 729-1629

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

MARCAS RECOVERY PROJECT, INC.

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

FILED
DEC 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N05-000011886

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

MARCAS VISION, INC.

(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)**

NOT APPLICABLE

(Attach additional pages if necessary)
(continued)

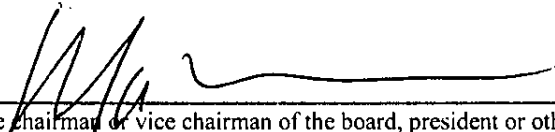
The date of adoption of the amendment(s) was: 12/12/06

Effective date if applicable: 12/12/06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Marlen L. Castro

(Typed or printed name of person signing)

General Director

(Title of person signing)

FILING FEE: \$35