N110000008355

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600258827666

04/14/14--01025--001 **43.75

Amend CUS 104.18.14

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Marthas	stingels, Inc.
\ \limit{\lambda}	0000000
DOCUMENT NUMBER:	00000 8355
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Hillary Homen	icK
	(Name of Contact Person)
Martha's Angels	. Inc
712 Kissimme	ee Ph.
Winter Sprin	195 FL. 32708 (City/ State and Zip Code)
	(City/ State and Zip Code)
Marthasangels E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
ABOYE	at (407) 401-0774
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

M_{0} . M_{0} . M_{0}	
(Name of Corporation as currently filed with the Florida Dept. of State	
N 11 0000 9355	,
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not</i> amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation;	
NA	The new
name must be distinguishable and contain the word "corporation" or "incorpora "Company" or "Co." may not be used in the name.	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Manual Manual M	
	
D. If amending the registered agent and/or registered office address in Floric	la, enter the name of the
new registered agent and/or the new registered office address:	*
Name of New Registered Agent:	
	
(Florida street address) New Registered Office Address:	
	, Florida
. (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and acce	pt the obligations of the position.
NA	-
Signature of New Registered Agent, if	changing

Page 1 of 4

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 X. Remove X. Add	PT John D V Mike J SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>√P</u>	Felipe Ortiz	1625 Montessori Pt. Winter Springs FL 32708
2) Change Add	S	Marilynn Farber	1038 Chatham Pines CR Winter Springs #104 FL 32708
Remove 3) Change Add Remove		Jennifer Pates	2554 Danielle Dr. Oviedo, FL 32765
4) Change Remaye			
5) Change Add Remove	P	Michelle Hofner	2741 River Pine CT Oviedo FL 32765
6) Y Change Add Remove	TR	Tammy Goodson	11690 SW 13 PL DAVIE FL. 33325
		Page 2 of 4	

If amending or adding attach additional shee	ets, if necessary).	(Be specific)		
	•			
	·		 	
· · · · ·				
		·	 	•
·				
 		 	<u> </u>	-
	· · · · · · · · · · · · · · · · · · ·		 	
	•			
				
		.,		,

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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 17, 2014 Signature 1 Stay 1 MINCL	
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)	
Hillary Homenick	
(Typetser printed name of person signing)	
Tresident	
(Title of person signing)	