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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARISOL M BER: P01000054		NAGEMENT, INC	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	SOL DEL VALI	LE MATA		
		Name of Contact Person	1	
	MARISOL MATA IN	MAGE MANAGEN	MENT, INC	
		Firm/ Company		_
	1975 SW 17 C	OURT		
		Address		
	MIAMI, FL 331	45		
		City/ State and Zip Code	2	
N // A		COLBANTABA		
IVIA	ARISOL@MARI			
	h-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
PEDRO LU	JZQUINOS	at (954	,655-8413	
Name	of Contact Person		de & Daytime Telephone Num	ber
Enclosed is a check fo	r the following amount made [payable to the Florida Depa	artment of State:	
■ \$35 Fiting Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	iling Address	Street	Address	
Amo	endment Section	Amend	ment Section	
	ision of Corporations		on of Corporations	
	. Box 6327 ahassee, FL 32314		Building xecutive Center Circle	
1 Mil			issee, FL 32301	

Articles of Amendment to Articles of Incorporation



MARISOL MATA IMAGE MANAGEMENT INC

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

P010005458

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

MARISOL MATA MANAGEMEN			The ne
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "Co". A profession		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
(Frincipal office address MOSI BE A STREET A	<u></u>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
		nter the name of	the
new registered agent and/or the new register	red office address;		the the
	red office address;		the the
new registered agent and/or the new register	red office address;		the the
new registered agent and/or the new register	red office address:	, Florida	
Name of New Registered Agent	red office address:	, Florida	Tip Code)
new registered agent and/or the new register Name of New Registered Agent	red office address: (Florida street address)	, Florida	

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jone	<u>es</u>		
X Add	<u>sv</u>	Sally Smi	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>	<u>ī</u>	<u>Name</u>	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		 =			
Add					
Remove					
3) Change		_ _			
Add					
Remove					
4) Change		 -			
Add					
Remove					
5) Change					
Add		 -			
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
17 77 6	
,	,
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
lifust applicable in Heat N/A	indirect i not contained in the amenoment resert.
(if not applicable, indicate N/A)	
(y noi applicable, indicale N/A)	
(y noi applicaole, inalcale N/A)	
(y noi applicaote, indicate N/A)	
(y noi applicaole, inalcale N/A)	
(y noi applicable, indicale N/A)	
(y noi applicable, indicate N/A)	
(y noi applicable, indicale N/A)	

The date of each amendment(s) ac	doption: 06-26-2013
Effective date if applicable: 06	5-26- 2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 06-26 Signature	1-2013
(By a d selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	SOL DEL VALLE MATA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)