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SECRETARY OF STATE

Amend

JUL 2 6 2012 T. BROWN

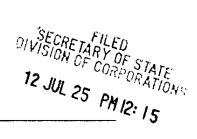
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MULTIVISIO DOCUMENT NUMBER: P0100009983		/ESTMENTS, INC.
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	ter to the following:	
PIERRE PANCOI	RVO	
Name of Contact Person MULTIVISION BUSINESS INVESTMENTS, INC.		
Firm/ Company 1624 STATE ROAD 60 WEST. STE M		
Address LAKE WALES, FL 33859		
<u></u>	City/ State and Zip Cod	e
Vikingrecycling@hotn E-mail address: (to be us For further information concerning this matter, pleas	ed for future annual report	notification)
PIERRE PANCORVO	_{at (} 863	, 6798969
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MULTIVISION BUSINESS INVESTMENTS, INC.

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		. 0
P01000099836				
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation add	opts the following ar	nendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professional corporat	ated" or the abbr	
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C				
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name	e of the	
Name of New Registered Agent	LUZ GARCIA			
Nume of New Registered Agem	1624 STATE ROAD	60 WEST. STE M		•
	(Florida street	t address)		
New Registered Office Address:	LAKE WALES	, Florida	3859	
	(City)		(Zip Code)	
New Registered Agent's Signature, if call the second second the appointment as registed.		th and accept the obligations ent, if changing	of the position.	

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTSD	VICTOR PANCORVO	1624 STATE ROAD 60 WEST. STE M
Add			LAKE WALES, FL 33859
X Remove			
2) X Change	PD	LUZ GARCIA	1624 STATE ROAD 60 WEST. STE M
Add			LAKE WALES, FL 33859
Remove			
3) X Change	<u>VD</u>	PIERRE PANCORVO	1624 STATE ROAD 60 WEST. STE M
Add			LAKE WALES, FL 33859
Remove			
4) Change	CFOD	WAYNE MASSEY	1624 STATE ROAD 60 WEST. STE M
X			LAKE WALES, FL 33859
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach ad	ing or adding additional A dditional sheets, if necessary). (Be specific)			
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provisio	endment provides for an eons for implementing the anotapplicable, indicate N/A	mendment if not	fication, or canc contained in the	ellation of issued amendment itse	shares, lf:
			001.00		
		····			

The date of each amendment(s	a) adoption: 07/21/2012
Effective date if applicable:	07/21/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder .
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Dated} 07/2	1/2012
sele	a director president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	LUZ GARCIA
	(Typed or printed name of person signing)
	PD
	(Title of person signing)