

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             | <del></del> |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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MECCIA LO SINTE DE PARIMENTO DE CORPORATIONS

DEC 1 9 2014

R. WHITE

ACCOUNT NO. : I2000000195 REFERENCE: 427325 7393501 AUTHORIZATION : COST LIMIT ORDER DATE: December 18, 2014 ORDER TIME : 3:25 PM ORDER NO. : 427325-005 CUSTOMER NO: 7393501 DOMESTIC AMENDMENT FILING NAME: CARDENAS MARKETING NETWORK, INC. EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935 EXAMINER'S INITIALS:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR  | P02000772  | Marketing Netwo  | ork, Inc.  |  |
|---|--|--|--|--|
| The enclosed Articles   | of Amendment and fee are su  | bmitted for filing.  |  |  |
| Please return all corre   | spondence concerning this mat  | tter to the following:   |  |  |
|   | Shelley Clifford   |  |  |  |
|   |  | Name of Contact Person   | 1  |  |
|   | Bryan Cave LLP   |  |  |  |
|   |  | Firm/ Company  | ···· — — —   |  |
|   | 161 N. Clark St., Ste. 4300  |  |  |  |
|   | Address  |  |  |  |
|   | Chicago, IL 60601  |  |  |  |
|   |  | City/ State and Zip Code   | =  |  |
|   | •  |  |  |  |
|   | E mail addrage (to be us   | ed for future annual report  | notification)  |  |
|   | E-man address. (to be us   | ed for future annual report  | nothication)   |  |
| For further information   | n concerning this matter, pleas  | e call:  |  |  |
| Shelley Clifford at 312 602-5061  |  |  |  |  |
| Name of Contact Person  |  |  | de & Daytime Telephone Number  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  |  |  |  |
| □ \$35 Filing 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) |  |
| Ame<br>Divi<br>P.O.   | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 |  |

## **Articles of Amendment** to

FILED 14 DEC 18 AN II: 50

Articles of Incorporation of

| (Name of Corporation as currently  | filed with the Florida De            | <del></del>   |                    |
|--|--------------------------------------|---|--------------------|
| P02000077291   |                                      | »••₩  |                    |
| (Document Number   | of Corporation (if known)            |   |                    |
| tursuant to the provisions of section 607.1006, Flores Articles of Incorporation:  | ida Statutes, this <i>Florida Pi</i> | rofit Corporation adopts the following an                                       | nendme             |
| a. If amending name, enter the new name of the   | corporation:                         |   |                    |
|  |                                      | Th  |                    |
| name must be distinguishable and contain the w<br>"Corp.," "Inc.," or Co.," or the designation "Co.,<br>word "chartered," "professional association," or the | rp," "Inc," or "Co". A p             | oany," or "incorporated" or the abbre<br>rofessional corporation name must cont | viation<br>ain the |
| 3. <u>Enter new principal office address, if applical</u><br>Principal office address <u>MUST BE A STREET Al</u>   |                                      |   |                    |
|  |                                      |   |                    |
|  | <del></del>                          |   |                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E   | BOX)                                 |   |                    |
|  |                                      |   |                    |
|  |                                      |   |                    |
| ). If amending the registered agent and/or regist  | tered office address in Flo          | ride enter the name of the  |                    |
| new registered agent and/or the new registered   | ed office address:                   | iton, enter the hand of the   |                    |
| Name of New Registered Agent   |                                      |   |                    |
|  |                                      |   |                    |
|  | (Florida street address,             | )   |                    |
|  |                                      | TO 11   | •                  |
| New Registered Office Address:   |                                      | , Florida   |                    |
| New Registered Office Address:   | (City)                               | , Florida(Zip Code)   |                    |
| New Registered Office Address:   | (City)                               |   |                    |
| New Registered Office Address:  New Registered Agent's Signature, if changing R  |                                      |   |                    |

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 Do     | <u>oe</u>    |          |
|----------------------------|--------------|-------------|--------------|----------|
| X Remove                   | <u>v</u>     | Mike Jo     | <u>ones</u>  |          |
| X Add                      | <u>sv</u>    | Sally Sr    | n <u>ith</u> |          |
| Type of Action (Check One) | <u>Title</u> |             | Name         | Address  |
| 1) Change                  |              | <del></del> |              |          |
| Add                        |              |             |              |          |
| Remove                     |              |             |              |          |
| 2) Change                  |              | _           |              |          |
| Add                        |              |             |              |          |
| Remove                     |              |             |              |          |
| 3) Change                  |              | _           |              | -        |
| Add                        |              |             |              |          |
| Remove                     |              |             |              |          |
| 4) Change                  |              | _           |              |          |
| Add                        |              |             |              |          |
| Remove                     |              |             |              |          |
| 5) Change                  |              | _           |              |          |
| Add                        |              |             |              |          |
| Remove                     |              |             |              | <u> </u> |
| 6) Change                  |              | _           |              |          |
| Add                        |              |             |              |          |
| Pemove                     |              |             |              |          |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |
|---|
| ARTICLE III - CAPITAL STOCK is hereby deleted in its entirety and replaced with   |
| the following:  |
| ARTICLE III - CAPITAL STOCK   |
| This corporation is authorized to issue 10,000 shares of \$1,00 par value common  |
| stock, which shall be designed as 1,000 shares of voting common stock, of \$1.00 par  |
| value, and 9,000 shares of non-voting common stock, of \$1.00 par value.  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |
| Each share of issued and outstanding common stock on the date that the Articles of  |
| of Amendment are filed with the Florida Department of State, Division of Corporations   |
| shall be converted into and reconstituted as one thousand (1,000) shares of voting  |
| common stock, par value \$1.00 per share and nine thousand (9,000) shares of  |
| non-voting common stock, par value \$1.00 per share.  |
|   |
|   |
|   |

| The date of each amendment(s) and date this document was signed. | loption:  | , if other than the |
|--|---|---------------------|
| Effective date if applicable:                                    |   |                     |
| Effective date is applicable.                                    | (no more than 90 days after amendment file date)  |                     |
| Adoption of Amendment(s)   | (CHECK ONE)   |                     |
| The amendment(s) was/were ado by the shareholders was/were sur   | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                     |
| The amendment(s) was/were app<br>must be separately provided for | roved 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)  |                     |
| The amendment(s) was/were ado action was not required.           | pted by the board of directors without shareholder action and shareholder   |                     |
| The amendment(s) was/were ado action was not required.           | pted by the incorporators without shareholder action and shareholder  |                     |
| Dated_Decemb   | er , 2014   |                     |
| Signature  | I Julia.  |                     |
|  | rector, president or other officer - if directors or officers have not been   |                     |
|  | l, by an incorporator – if in the hands of a receiver, trustee, or other court  |                     |
| appoint  | ed fiduciary by that fiduciary)   |                     |
|  | Henry Cardenas  |                     |
| ·  | (Typed or printed name of person signing)   |                     |
|  | Chief Executive Officer   |                     |
| •  | (Title of person signing)   | _                   |