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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: MVJ, Inc.						
DOCUMENT NUMBER: P020000953	335					
The enclosed Articles of Amendment and fee are sul						
Please return all correspondence concerning this mat						
Delaila Estefar	10					
	Name of Contact Person)				
Estefano Law,	P.A					
4000 Danas Da	Firm/ Company					
1600 Ponce De Leon Blvd Suite 804						
Coral Gables, l	Address Florida 33134					
	City/ State and Zip Code	•				
delaila@estefanolaw.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Delaila Estefano	at (305	,441-0616				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:				
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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		xecutive Center Circle assee, FL 32301				

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Articles of Amendment to Articles of Incorporation of

MVJ, Inc.				
(Name of Corporation as currently fill P02000095335	ed with the Florida Dept.	of State)		
(Document Number of O	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profi	it Corporation adopts the following	ng amendi	nent(s) t
A. If amending name, enter the new name of the con	rporation:		SECRE SECRE	15 FE
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A profabbreviation "P.A."	y," or "incorporated" or the descional corporation name must	comple t	orland or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	<i>RESS</i>)		- (S)	ë.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registere		a enter the name of the	- - -	
new registered agent and/or the new registered o		a, enter the hand of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	_	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accep	ot the obligations of the position.		
Signature of New	v Registered Agent, if chang	ging		

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 Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	Sec	Clara I Ardila	18350 NW 68th Ave Apt C			
Add			Hialeah, Florida 33015			
Remove						
2) Change						
Add						
Remove						
.3) Change						
Add Add						
Remove						
4) Change	<u> </u>					
Add			<u></u>			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						
1 1 450111040						

Attach aa	dditional she	ng additional . eets, if necessar	y). (Be sp	ecific)			
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<u>f an ame</u> provisio	ndment pro ns for imple	ovides for an e ementing the a	xchange, re mendment	<u>classificatio</u> if not contai	n, or cancella ned in the am	<u>tion of issued</u> endment itsel	shares,
(if no	ot applicable	e, indicate N/A))				·
·				<u> </u>			
<u> </u>							
							
							
							
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The date of each amendment(s) adoption: 1/28/2015	, if other than the
date this document was signed.	
Effective date if applicable: 1/28/2015	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/28/2015	
Signature NOW P Arrow	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Nelly Ardila	
(Typed or printed name of person signing)	
President	
(Title of person signing)	