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SECRETARY OF SURPORABLE DIVISION OF BURPORABLE

Anund a v. a.15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: Maclama Corporat	tion	
	UMBER: P02000135302		
	ticles of Amendment and fee are su	ibmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Joel R. Lavender		
		Name of Contact Persor	1 .
	Joel R. Lavender, P.A.		
		Firm/ Company	
	507 SE 11th Ct.	· ······ Company	
		Address	
	Ft. Lauderdale, FL 33316	7 Iddiess	
	- Lauderdaic, 1 is 55510	Cital State and Zin Cod	_
		City/ State and Zip Code	e
	pior@bellsouth.net		
-	E-mail address: (to be u	sed for future annual report	notification)
	•.	₽ •	
r For further infori	nation concerning this matter, plea	se call:	*
Pio Ieraci	_	, 954	489-9430
ý N	ame of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing F	ce □\$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)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

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Articles of Amendment

to

	Articles of Incorporation	
maclo	ama corporation	
(Name of Corp	poration as currently filed with the Florida Dept. of State)	
P02000135302	02000135302	
1)	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	e word "corporation," "company," or "incorporated" or the a "Corp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
		_ . .
		- VS
	egistered office address in Florida, enter the name of the	
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent		_ 🕦 📆
		?
	(Florida street address)	The state of
New Registered Office Address:	Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar with and accept the obligations of the position.	
	Signature of New Pagistanad Agast if changing	_
	Signature of New Registered Agent, if changing	

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 <math>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	<u>PT</u> <u>Joł</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DPS	Claudia Lenci	2455 East Sunrise Blvd., Suite 504
Add			Ft. Lauderdale, FL 33304
Remove			
2) Change	DP	Andrea Lenci	2455 East Sunrise Blvd., Suite 504
Add			Ft. Lauderdale, FL 33304
X Remove			
3) Change	DS	Mateus Lenci	2455 East Sunrise Blvd., Suite 504
Add			Ft. Lauderdale, FL 33304
X Remove			
4) Change	D	Marta Lenci	2455 East Sunrise Blvd., Suite 504
Add			Ft. Lauderdale, FL 33304
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
May 2, 2015	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
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	
by	
☐ 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 MAY 12 2015	
Signature Molled Old O	····
(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)	
CCAUDIA LENCI	
(Typed or printed name of person signing)	
(Title of nerson signing)	
(Title of nerson signing)	