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COVER LETTER

Division of Corpor	rations			Ø
NAME OF CORPORA	ATION: MA	TCH MALER 1	Burness Inc	Ex C
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		_		
	1	Robert		
_	1 Franco	Name of Contact Perso	 п	-
		rame or contact reiso		
_	MATCHA	rate Busin	us In	_
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	Luca.	a Berea	FL 3293/	
_		City/ State and Zip Cod	e	-
	MATCH	8121 C 61	notification)	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
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	Bin	. 32	. / つ/ > > 5-7	
Name of	Contact Person	at (de & Daytime Telephone Numbe	
Name of	Contact Fersion	Area ex	ac a Daytime Telephone Punioe	•
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)	

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

n(s) to

	-	The no
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	Corp," "Inc," or "Co". A professional c	ncorporated" or the abbreviati
B. Enter new principal office address, if appli		
Principal office address <u>MUST BE A STREET</u>	<u>'ADDRESS</u> ')	
The transport of the state of t		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
If amending the registered agent and/or renew registered agent and/or the new regist		he name of the
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist		
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist Name of New Registered Agent	ercd office address: (Florida street address)	
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new registered agent and/or the new regist Name of New Registered Agent	ercd office address: (Florida street address)	. Florida
Name of New Registered Agent New Registered Office Address:	ercd office address: (Florida street address) (City)	. Florida
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address) (City)	, Florida(Zip Code)

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR \neq Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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		į
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Salty Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	į
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
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5) Change				
Add				
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6) Change				
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Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this lead ocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were so	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):
	for the amendment(s) was/were sufficient for approval
by MBI	(voting group)
, .	(voting group)
	(voting group) opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were addaction was not required.	
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(Title of person signing)