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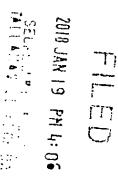
(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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Amendalame

JAN 24 2018

I ALBRITTON

COVER LETTER

Division of Corporation	ns			
			er Eyewern,	INO.
DOCUMENT NUMBER:	10300	10/19359		
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
	TOHN LON	Mame of Contact Percor	1	
4	ANUFACTU	RER PILEET	Eyeveth,	Luc.
<u>//</u>	419 W. PA	Address	K ROAD, #9	70084
<u> 1</u>	OCA RAT	City/ State and Zip Code	33497	
	E-mail address; (to be us	ed for future annual eport	Hoo COM notification)	
For further information con	cerning this matter, pleas	se call:		
Jath Long Name of Co	#AD/ ntact Person	at (56/ Area Co	504-1312 de & Daytime Telephone Nun	nber
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtment 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)	

TO: Amendment Section

Mailing Address
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 of

MANUFACTURER DIREC	T EVENE	A INC	12	
(Name of Corporation	n as currently filed wi	th the Florida Dept. of	State	
P03800113359			-	
(Docume	ent Number of Corporat	tion (if known)	1.4	5 11
Pursuant to the provisions of section 607,1006, Florida S	Statutes, this <i>Florida P</i>	rofit Corporation adopt	s the following amo	endration(s) to-
its Articles of Incorporation:				نج. `
A. If arounding name anter the new name of the comme			9	0
A. If amending name, enter the new name of the corp	-		<u>نځ:</u>	
619 MATLE INC			The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"nc," or "Co". A p			
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	LO	680 BAY	BROOKE	CT.
	Boo	CA RATON	FL 33	49
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	$\frac{\rho}{r}$	O. Box 9		
	117 Box	4 RATOS		<u>BK</u> KSAŠ BY IV
D. If amending the registered agent and/or registered	d office address in Flo			
new registered agent and/or the new registered of		, //	<u></u>	
Name of New Registered Agent		NA		
	(Florida street address	s)		
New Registered Office Address:		Fle	orida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. To		eccent the obligations of	the position	
accept the approximation as registered agent. The	war jamanar mini unu u	ocepa me azingunana oj	an promon.	
Signat	ture 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 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	$\overline{\mathbf{b}}$	John Doe	1	
X Remove	V	Mike Jones	. / ^	
X Add	<u>sv</u>	Sally Smith	1/14	
Type of Action (Check One)	<u>Title</u>	Name	////	<u>Addres</u> s
l) Change		.		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				75
Add				
Remove				
6) Change	·			
Add				
Remove				

NA	
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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)	
1/14	
	
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The date of each amendment(s) adoption: Jaway 1, 2018, if other the date this document was signed.	ian the
Effective date if applicable: January 1, 2018	
(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 not be listed document's effective date on the Department of State's records.	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	
☐ 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 ! (L 18	
Signature (By addrector, 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)	
JOHN LOMBARDI	
(Typed or printed name of person signing) AESIDENT (Title of person signing)	
(Title of person signing)	