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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1, 36 V

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Meridien Manager Number: P040000679	arketing Grou 4	ıp, Inc.
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	o the following:	
Patricia Barber N	1urray	
	Name of Contact Person	
Meridien Marketi	ng Group, Ind	C.
	Firm/ Company	
203 N Lewis St.		
	Address	
LaGrange, GA 3	0240	
	City/ State and Zip Code	
pmurray@meridiend	rompaniae co	nm
E-mail address: (to be used to		
E-man address. (to be used t	or future annual report no	imeation)
For further information concerning this matter, please ca	11:	
Detricie Marroy	205	772 2416
Patricia Murray	at (<u>305</u>	773-3416
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Departi	ment of State:
Certificate of Status	S43.75 Filing Fce & 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 Tallarlassee, FL 32314	Division Clifton B 2661 Exe	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of



Meridien Marketing Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of	Corporation (if known)	
esuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this <i>Florida P</i>	rofit Corporation adopts the following ame
If amending name, enter the new name of the co		
he Meridien Companies, I	nc.	The
me must be distinguishable and contain the word orp.," "Inc.," or Co.," or the designation "Corp, rd "chartered," "professional association," or the	" "Inc," or "Co". A p	oany," or "incorporated" or the abbreviorofessional corporation name must contain
Enter new principal office address, if applicable		
rincipal office address <u>MUST BE A STREET ADD</u>	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	V)	
ANUMING MUMIESS MAT DE ATOST OFFICE BO.	<u> </u>	
		AN
If amending the registered agent and/or register	ed office address in Flo	rida, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address,)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Regi		
	istered Agent:	

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 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	**		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	——————————————————————————————————————		
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
		
	· · · · · · · · · · · · · · · · · · ·	
	, <u> </u>	
If an amandment provides for an eych	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

FILED SECRETARY OF STATE INVISION OF CURPORATIONS

the

The date of each amendment(s) adoptio	n: DIVISION OF COM ST.	, if other than
date this document was signed.	15 JAN 16 PM 2: 43	,
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes east for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement 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 shareholders		
	(voting group)	
The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated January 8, 20 Signature	15 B.	_
(By a director.	, president or other officer – if directors or officers have not been	_
	n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiductary)	
appointed not	actury by that inductary)	
Patri	cia Barber Murray	
	(Typed or printed name of person signing)	_
CFO	/Sec-Treasurer	

(Title of person signing)