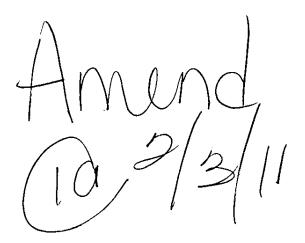
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COVER LETTER

.TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: MABR	ENTERPRISES I	NC.
	_	0015883	
		•	
The enclosed Articl	es of Amendment and fee ar	e submitted for filing.	
Please return all cor	respondence concerning this	s matter to the following:	
-	Attila	MA Kranczy ame of Contact Person	
	MABR	ENTERPLISES I	<u> </u>
	153 She	lbys Core Ct	
_	Ponte Ved	LA BCH FL ty/ State and Zip Code	32082
	Attila13 @ Be E-mail address: (to be used	If South, ACT for future annual report notification)	
For further informat	ion concerning this matter, j	please call:	
Attila Name o	MAKCANC2 y of Contact Person	at (90 4) 5/4- Area Code & Daytime Tel-	9132_ ephone Number
Enclosed is a check	for the following amount ma	ade payable to the Florida Depart	ment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad		Street Address	
Amendment		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	۵

Tallahassee, FL 32301



January 13, 2011

ATTILA MAKRANCZY MABR ENTERPRISES, INC. 153 SHELBY LOVE CT. PONTE VEDRA BEACH, FL 32082

SUBJECT: MABR ENTERPRISES, INC.

Ref. Number: P04000015883

We have received your document for MABR ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

PLEASE TYPE/PRINT CLEARLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 111A00001247

Articles of Amendment

to Articles of Incorporation of

	/ · · · · · · · · · · · · · · · · · · ·	INC	_ · ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of Corporation as curre		the Florida Dept. of State)	જે
<u>Poynoon/5</u>		: (:£1)	
(Document Num	iber of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statu	tes, this <i>Florida Profit Corpor</i>	ation adopts the follo
A. If amending name, enter the new name of	the corporatio	on:	
N/A			The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "C	"orp," "Inc," or "Co". A prof	essional corporation
B. Enter new principal office address, if apple (Principal office address <u>MUST BE A STREE</u>		153 Shelbys Purte Vedra Bo	Cove Ct
		FL 3208	<u>고</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		ATTILAISO Bells	outh.net
D. If amending the registered agent and/or renew registered agent and/or the new regis			name of the
Name of New Registered Agent:	AttilA	MAKCAnczy	
New Registered Office Address:	(Flor	195 Love C+ ida street address)	
-	Punte Ve. (City)	LA Beh , Flor (Zip Code)	ida '320P2
New Registered Agent's Signature, if changing thereby accept the appointment as registered agent.			ions of the position.
-	/h	mms/	
- 51	ignature of New	Registered Agent of 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)

Title	Name	<u>Address</u>	Type of Action
<u>√P</u>	Christopher P. Brown Attila Makranczy	820 Shetter Ave DRKKSONVIlle BCL FL 32250	_ □ Add _ ☑ Remove
<u> 16</u>	Attila Makranczy	153 Shelby, Cove Ct Ponte Vedea Boh FL 22082	Add Remove
			_ □ Add □ Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec		•
	A / //		
	M/A		
	Add to the Control of		
provisi	mendment provides for an exchange, reons for implementing the amendment if not applicable, indicate N/A)		
	NA		
			<u>, ,,,,,,</u> ,
-			

The date of each amendment(s) adoption: October 4 2010
	, (date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	voting group)
,	oung group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated SA	mary 7, 204
Signature	(Chroming)
select	director, president or other officer—fi directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	Secretary - Treasurer