

P04000073032

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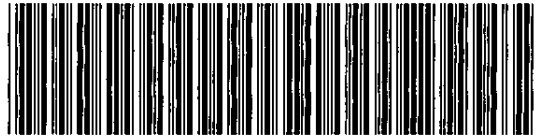
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08 MAY 21 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

C. Ouellette MAY 28 2008

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Mamarazzi, Inc.

DOCUMENT NUMBER: P04 0000 73032

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Squire  
(Name of Contact Person)

Mamarazzi, Inc.  
(Firm/ Company)

805 N. Lakeside Dr.  
(Address)

Lake Worth, FL 33460  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Suzanne Squire at ( 561 ) 582-6166  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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**  
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

Mamarazzi, Inc.

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

P04000073032

(Document number of corporation (if known))

FILED  
08 MAY 21 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II : The principal place of business  
and the mailing address of the corporation is:

805 Lakeside Drive, Lake Worth, FL 33460

Article IV : The name and address of the registered agent is:

Suzanne Squire - 805 Lakeside Dr., Lake Worth, FL 33460

Article VI : The name and address of Officers are:

Suzanne Squire - 805 Lakeside Dr., Lake Worth, FL 33460

(Attach additional pages if necessary)

If an amendment provides for 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)

n/a

(continued)

The date of each amendment(s) adoption: May 5, 2008

Effective date if applicable: 1/9  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved 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 \_\_\_\_\_."  
(voting group)

☐ 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.

Signature Suzanne Squire  
(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)

Suzanne Squire  
(Typed or printed name of person signing)

Incorporator  
(Title of person signing)

**FILING FEE: \$35**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

MAMARAZZI, INC.

2. The name and address of the registered agent and office is:

Suzanne Squire  
805 Lakeside Drive  
Lake Worth, FL 33460

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent.

Suzanne Squire  
Signature

5.17.08  
Date