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COVER LETTER

TO: Amendment Section Division of Corporations MOTHERLAND INTERNATIONAL, INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **AUSBERT DE ARCE** Name of Contact Person MOTHERLAND INTERNATIONAL, INC. Firm/ Company 5161 COLLINS AVENUE, SUITE 411 Address MIAMI BEACH, FL 33140 City/ State and Zip Code ADEA@THEMOTHERLAND.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **AUSBERT DE ARCE** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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

MOTHERLAND INTERNATIONAL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P05000004786 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **AUSBERT DE ARCE** Name of New Registered Agent 5161 COLLINS AVENUE, SUITE 411

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am symiliar with and accept the obligations of the position.

MIAMI BEACH, FL

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida_33140

M 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:

(4 (Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P President: V^{\perp} Vice President: T^{\perp} Treasurer; S^{\perp} Secretary; D^{\perp} Director; TR^{\perp} Trustee; C^{\perp} Chairman or Clerk; CEO^{\perp} Chief Executive Officer; CFO^{\perp} 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.

Xampie: X Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PETRA MASON	5161 COLLINS AVENUE, #411
Add		· · · · · · · · · · · · · · · · · · ·	MIAMI BEACH, FL 33140
X Remove			
2) Change	P	AUSBERT DE ARCE	5161 COLLINS AVENUE, #411
X Add			MIAMI BEACH, FL 33140
Remove			
3) Change			
Add			
Remove			
4) Change	,- <u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Z.] ∕	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
(Actach dudinonal sheets, if necessary). (Be specific)
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î, <u>j</u>	f 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)
	,

, 4

The date of each amendment(s) adoption:	06/01/2015	_, if other than th
date this document was signed.		
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement my group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval woting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
	resident or other officer -if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
• •	RT DE ARCE	
	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	