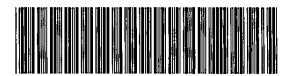
## PD5000008001

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FEB -3 2017 I ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

MCN PROFESSIO		
	bmitted for filing,	
oncerning this ma	tter to the following:	
ALVAREZ		
	Name of Contact Person	1
FESSIONAL CO	RP	
	Firm/ Company	
OT CT APT#7		
	Address	
L 34104		
	City/ State and Zip Code	2
OFESSIONAL .C	ОМ	
l address: (to be us	sed for future annual report	notification)
a this matter -less	se celli	
g titts matter, pica:	se can.	
	at ( <sup>239</sup>	de & Daytime Telephone Number
Person	Area Co	de & Daytime Telephone Number
ing amount made	payable to the Florida Depa	artment of State:
_	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
ction porations	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
	concerning this man allowed and fee are successful and fee are successful and fee are successful allowed and fee are successful and fee a	Name of Contact Person  OFESSIONAL CORP  Firm/ Company  OT CT APT#7  Address  FL 34104  City/ State and Zip Code  OFESSIONAL COM  Il address: (to be used for future annual report  og this matter, please call:  at (239  Area Co  Co  Area Co  Area Co  Area Co  Co  Area Co  Area Co  Area Co  Co  Area Co  Area Co  Co  Co  Co  Co  Co  Co  Co  Co  Co

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MCN PROFESSIONAL CORP	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P05000008001	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the all	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS )
	7 20 20 E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
(Manning dualities <u>MAIL DE MIT OUT OF THE BOA</u>	
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	. Florida
Tion togation of Office Hant 1551.	(City) (Zip Code)
Non-Berkensel Assault Classes 46 L. A. D. d.	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
DV.	time of New Projectional depart if about
Signai	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CAROLINA ALVAREZ	121 GABRIEL CIR #3
Add X Remove			NAPLES FL 34104
2) Change			
Add Remove			
3 ) Change			
Add			
4) Change			
Add Remove			·
5)Change			
Add			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
		·	
<del></del>			
	<u> </u>		
'. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or	cancellation of issued	shares.
(if not applicable, indicate N/A)		the amendment itself	<u>:</u>
CARLOS ALVAREZ , PRESIDENT HOL	DS 90% OF SHARES		
MARY PIZO, SECRETARY, HOLDS 109	% OF SHARES		
·			
	<del></del>		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	rt.
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,"	•
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
1/25/2017		
Dated	<del></del>	
Signatura	There de cents	
Signature(By a/c	irector, president or other officer if directors or officers have not been	<del></del>
selecte	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	CARLOS ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

**;** ← × +