# P05000120851

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#### EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994

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CORAL GABLES, FL 33134

City/State/Zip

#### OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time Certified Copy ₩alk in ☐ Will wait Photocopy Certificate of Status Mail out AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement

Examiner's Initials

Trademark

Other

Name Reservation

#### **Articles of Amendment**

### to Articles of Incorporation

of

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| MPA INSPEC  | HUNS, INC.                    | Mis bit II Buil o                         |
|---|-------------------------------|---|
| (Name of Corporation as currently filed y   | <u>vith the Florida De</u>    | pt. 6作例tiffe 14 同用 1: 42                  |
| P050001   |                               | SECRETARY OF STATE                        |
| (Document Number of Corp  | oration (if known)            | TALLAHASSEB FLORIDA                       |
| Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:   | Statutes, this <i>Florida</i> | a Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor   | ration:                       |   |
|   |                               | The new                                   |
| name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as | n "Corp," "Inc," or           | "Co". A professional corporation          |
| B. Enter new principal office address, if applicable:   |                               |   |
| (Principal office address MUST BE A STREET ADDRES   | <u>SS</u> )                   |   |
|   |                               |   |
|   |                               |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                               |   |
| D. If amending the registered agent and/or registered o new registered agent and/or the new registered office   |                               | rida, enter the name of the               |
| Name of New Registered Agent:   |                               |   |
|   |                               |   |
| New Registered Office Address: (4   | Florida street addre.         | ss)                                       |
|   |                               | , Florida                                 |
| (0  | City)                         | (Zip Code)                                |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am  |                               | ecept the obligations of the position.    |

Signature of New Registered Agent, if changing

## If ahiending 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)

| <u>Title</u> | <u>Name</u>  | <u>Address</u>  | Type of Action |
|--------------|--|---|----------------|
| <u>VP</u>    | GIOVANNI PEREZ   | 406 NW 22ND AVENUE<br>APT 407<br>MIAMI FL 33125                               |                |
|              |  |   |                |
|              | <del> </del>   |   |                |
|              | ditional sheets, if necessary). (Be<br>II-PURPOSE<br>POSE SHALL BE ANY AND A |   |                |
|              |  |   |                |
| provisio     |  | e, reclassification, or cancellation of<br>nt if not contained in the amendme |                |
|              |  |   |                |
|              |  |   |                |
|              |  |   |                |

| The date of each amendment(s) adoption: 07/13/2010                              |   |  |  |
|---|---|--|--|
| •   | (date of adoption is required)  |  |  |
| Effective date if applicable:  (no more than 90 days after amendment file date) |   |  |  |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |  |
| The amendment(s) was/web by the shareholders was/web                            | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |  |  |
|   | re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.                               | re adopted by the board of directors without shareholder action and shareholder   |  |  |
| The amendment(s) was/wer action was not required.                               | re adopted by the incorporators without shareholder action and shareholder  |  |  |
| Dated_07-1  | 3-2010  |  |  |
| Signature   |   |  |  |
| ` ,   | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court |  |  |
|   | ointed fiduciary by that fiduciary)   |  |  |
|   |   |  |  |
|   | MILDRED PEREZ   |  |  |
|   | (Typed or printed name of person signing)   |  |  |
|   | PRESIDENT   |  |  |
|   | (Title of person signing)   |  |  |