# PO60000143431

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:  DOCUMENT NUMBER:		MAJORICK INC.	
		P06000043431	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		MABEL POZO	
	N	ame of Contact Person	
	!	MAJORICK INC.	
		Firm/ Company	
415		1150 SW 107 PL	
		Address	
	MIAMI, FL 33165		
	C	ity/ State and Zip Code	
	E-mail address: (to be use	for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
M	ABEL ROSELLO	at ( 786 ) 5	46-0950
Name	e of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	rtment of State:
☑\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	·le

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

F	ILED
7 00 /	ξ.ν.
ECRETAR LAHASS	Y OF STATE EEFLORIO
	L.FLORID!

MAJORICK, INC.

(Name of Corporation as currently filed with the Florida Dept. of Sta

### P06000043431

(Document Number of Corporation (if known)

owing

Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fi	dorida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professions"	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with a	and accept the obligations of the position.
Siz	gnature of New Registere	d 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)

<u>Titl</u>	<u>le</u>	Name	Address_	Type of Action
	<del></del>			Add Remove
				Add Remove
				_ ☐ Add _ ☐ Remove
		g or adding additional Articles, enter c ional sheets, if necessary). (Be specific		
AR	TICLE#	5, NAME CHANGE		
FF	ROM : MAI	BEL POZO RODRIGUEZ TO		
	MA	BEL ROSELLO		<u> </u>
		<u></u>		
F.	provisions	ndment provides for an exchange, recla for implementing the amendment if napplicable, indicate N/A)	assification, or cancellation of iso ot contained in the amendment	sued shares, itself:

The date of each amendment(s) add	option:	
	(date of adoption is required)	
(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/were adopt by the shareholders was/were sufficient	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by(votin	·"	
(votin	g group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	27/09	
Signature	4	
(By a dire	ctor, president or other officer - if directors or officers have not been	
•	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	MABEL ROSELLO	
	(Typed or printed name of person signing)	
	(1) ped of printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	