P06000113065

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3/8/05

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MVP CORP		
DOCUMENT NUMI	P06000113065 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MAXIMO PEREIRA		
	MVP CORP	Name of Contact Perso	n
	7806 BROOKSIDE LANE	Firm/ Company	
	TAMPS, FL 33615	Address	
		City/ State and Zip Cod	e
MAX	IMOLPER@AOL.COM		
·	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MAXIMO PEREIRA		813 at (475-0140
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MPV CORP	
P06000113065 (Name of Corporation as curre	ntly filed with the Florida Dept. of State)
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: MPV GROUP CORP	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the n "P.A."
B. Enter new principal office address, if applicable:	MAXIMO PEREIRA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7806 BROOKSIDE LANE
	TAMPA, FL 33615
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 ac new registered agent and/or the new registered office addr	
Name of New Registered Agent	
	street address)
New Registered Office Address:	. Florida
New negative office (mares).	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	
Signature of Nev	w Revistered Avent, 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add Remove				MARISEL QUINONES
2) Change		<u></u>		
Add X Remove				YUNIEL IGLESIAS
3) Change				
Add				
4) Change		_		
Add				
5) Change		_		
Add				
6) Change		_		
Add				
Remove				

	adding additional Ar al sheets, if necessary)	. (Be specific)	_		
					·· -

					···
	mt muovides for an ever	change, reclassifi	cation, or cancellat	on of issued shares	ž.
provisions for	int provides for an ext implementing the am licable, indicate N/A)	<u>sendment if not c</u>	ontained in the amo	AMILE RESERVE	
provisions for	implementing the am	endment if not c	ontained in the amo	TAMERE POOR	
provisions for	implementing the am	endment if not c	ontained in the ame	ranche poert	
provisions for	implementing the am	endment if not c	ontained in the ame		
provisions for	implementing the am	endment if not c	ontained in the ame	, and the factor	
provisions for	implementing the am	endment if not c	ontained in the ame	, and the factor	

	03/09/2017	
The date of each amendment(s) add date this document was signed.		_, if other than the
03/09	0/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
03/08/2017 Dated		
(By a dir selected	ector 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 dididiciary by that fiduciary)	-
1	MAXIMO PEREIRA	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	