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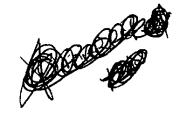
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FLORIDA DEPARTMENT OF STATE Division of Corporations 39,-042

September 13, 2016

GEORGE CARTER 4518 W. LINEBAUGH AVE TAMPA, FL 33624

SUBJECT: MARK ALINA LINDBERG INC.

Ref. Number: P07000038360

We have received your document for MARK ALINA LINDBERG INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 516A00019431

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Mark Alina Lindberg, Inc. DOCUMENT NUMBER: 904 000001775 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: George Carter Name of Contact Person
Please return all correspondence concerning this matter to the following: Coppe Carter Name of Contact Person
Repart Carter Name of Contact Person A & M Motors Firm/Company 4518 W. Linebaugh Aue Address Tamps, FL 33 624 City/State and Zip Code Ammotor @ amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chepage Carter at (813) 391-0420 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$ \$35 Filling Fee \$ \$43.75 Filling Fee & \$\$25.50 Filling Fee Certificate of Status Certified Copy Certificate of Status
Firm/ Company 4518 W. Linebaugh Aue Address Tamps, FL 33 624 City/ State and Zip Code Ammotop @ gmail: com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheorge Corter at (813) 391-0420 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status
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Certificate of Status Certified Copy Certificate of Status
enclosed) (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

GEORGE CARTER 4518 W. LINEBAUGH AVE TAMPA, FL 33624

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Ref. Number: P07000038360

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Rebekah White Regulatory Specialist II

Letter Number: 516A00019431

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Articles of Amendment

to

Articles of Incorporation of

FILED

Mark Alipa Lir	d berg, In	3 C . 16 OCT 14	PM 1:03	
	rporation as currently f	led with the Florida D	ept. of State)	
000 FOQ	038360	TÄTLAHAS	en ja ta dikilû û	
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Flo	rida Profit Corporation	adopts the following amer	ndment(s)
A. If amending name, enter the new name of	f the corporation:			
			The	n <i>o</i> w
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional corp	rporated" or the abbrevio	ation
B. Enter new principal office address, if app (Principal office address MUST BE A STREET	plicable: ET ADDRESS)			_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX)	4518 W. Tampo, F	Lirebaugh A L 33624	_ _ <u>v</u> e _
D. If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the r	name of the	
Name of New Registered Agent				
		_		
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered to	ing Registered Agent: agent. I am familiar with	and accept the obligati	ions of the position.	
	Signature of New Regi	stered Agent, if changin	g	

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Vf	Alina Clausen	4518 W. Lirebaugh Aug Tompo, FL 33624
Add Remove			Tomps, FL 33624
2) Change			
Remove			
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exchorovisions for implementing the ame	ange, reclassificati	on, or cancellation	n of issued shares, lment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not cont	on, or cancellation	n of issued shares, Iment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not cont	on, or cancellation	n of issued shares, Iment itself:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if annicable	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated10/10/16	
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_