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P08000032923

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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 ming Officer. |
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Office Use Only



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SECRETARY OF STATES OF CORPORATION

C.COULLIETTE

NOV 16 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORE | F CORPORATION: M & V LABOR RESOURCES, INC | | |
|-----------------------------------|--|--|--|
| DOCUMENT NU | MBER: | P08000032923 | |
| The enclosed Artic | eles of Amendment and fe | e are submitted for filing. | |
| Please return all co | rrespondence concerning | this matter to the following: | |
| | A. W. 1811 1847 1949 | JESUS MENDEZ | |
| | | Name of Contact Person | |
| | M & V | LABOR RESOURCES, INC | |
| | | Firm/ Company | |
| | 792 | 26 SUMMER RIDGE PL | |
| | | Address | |
| _ | | ORLANDO, FL 32819 | |
| | | . City/ State and Zip Code | |
| | JMEND E-mail address: (to be | EZ@MVLABOR.COM used for future annual report notification) | |
| For further informa | tion concerning this matte | er, please call: | |
| | SUS MENDEZ | at (407)217-5989 | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | for the following amoun | t made payable to the Florida Department of State: | |
| ☑\$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section | | Street Address Amendment Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 6327 | | Clifton Building 2661 Executive Center Circle | |
| Tallahassee, FL 32314 | | Tallahassee, FL 32301 | |

Articles of Amendment Articles of Incorporation

M & V LABOR RESOURCES, INC

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

P08000032923

(Document Number of Corporation (if known)

lowing

| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the fol | |
|--|--|--|
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| N/A | The new | |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional association of the contain the word "corp." | oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation | |
| B. Enter new principal office address, if applicable: | 7926 SUMMER RIDGE PL | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | ORLANDO, FL 32819 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY RE A ROST OFFICE ROY) | 7026 CLIMMED DIDGE DI | |
| (Mailing address MAY BE A POST OFFICE BOX) | 7926 SUMMER RIDGE PL | |
| | ORLANDO, FL 32819 | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | | |
| 1 | $\overline{I_{\Lambda}}$ | |
| Name of New Registered Agent: | /4 | |
| New Registered Office Address: (Flori | da street address) | |
| | , Florida | |
| (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered A | | |
| I hereby accept the appointment as registered agent. I am fami | liar with and accept the obligations of the position. | |
| Signature of New | Registered Agent, if changing | |
| Digitature of New | NORISICION TIRCIII, II CHUNRINE | |

Page 1 of 3

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>Titlo</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---|--|----------------|
| • | | | |
| | | | ☐ Add ☐ Remove |
| | | | |
| | ling or adding additional Articles (ditional sheets, if necessary). | (Be specific) | |
| | | | |
| | | | |
| provisio | ons for implementing the ame ot applicable, indicate N/A) | change, reclassification, or cancellaendment if not contained in the amount of the contained in the cancellaend of the cancella | |
| | | N/A | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: $1//10/10$ |
|---|--|
| . , | (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/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes of | east for the amendment(s) was/were sufficient for approval |
| by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| V | (voting group) |
| action was not required. | e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder |
| Dated | 19/10/101 |
| Signature (| |
| (By | a director, president or other officer) if directors or officers have not been |
| | ted, by an incorporator - if in the hands of a receiver, trustee, or other court |
| appo | sinted figuriary by that fiduciary) |
| \ | |
| | JESUS MENDEZ |
| | (Typed or printed name of person signing) |
| | 10 |
| | OFFICER /PSTD |
| | (Title of person signing) |