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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MARK Steffm Group, INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Crais S. GREENE
(Name of Contact Person) MARK STELLARD GROUP, INC.
(Firm/Company) 5230 S. University DR #106 DAVIE, FL 33328 (City/ State and Zip Code) For further information concerning this matter, please call: Cianis S. Gizerne at (954) 252-4812

(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 & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

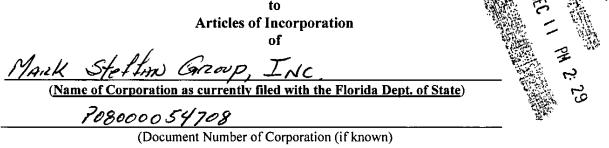
Division of Corporations

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Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

the new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."		ion "Corp," "Inc," or
3. Enter new principal office address, if appl Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
o. If amending the registered agent and/or r	registered office address in Florid	a enter the name of th
new registered agent and/or the new regis		a, enter the name of th
Name of New Registered Agent:	SAME	
	(Florida street address)	
New Registered Office Address:	(Florida street address)	
	(Florida street address) . (City)	, Florida (Zip Code)
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing thereby accept the appointment as registered.	(City) ng Registered Agent:	
	(City) ng Registered Agent:	

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>Title</u>	<u>Name</u>	Address	Type of Action
<u>s</u> _	JAY EVANS	5230 UNIVERSITY DR Suite 106 DAVIE, 121 37328	Add Remove
			Add
			Add Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
<u>provisi</u>	mendment provides for an exchange, reons for implementing the amendment in applicable, indicate N/A)		
P			

The date of each amendment(s) adoption:				
Effective date if applicable:	,			
(no	more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment fficient for approval.			
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast	or the amendment(s) was/were sufficient for approval			
by	ng group)			
(voi	ng group)			
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and sharehold			
action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated /2/8	12088			
Signature				
(By a di 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 d fiduciary by that fiduciary)			
_((Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	600			
_	(Title of person signing)			