

P09000005365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

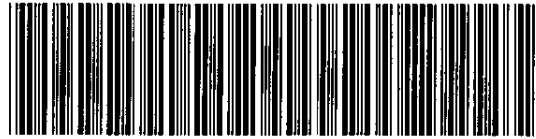
(Business Entity Name)

(Document Number)

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09/14/09--01012--020 **43.75

FILED
09 SEP 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
10/1/09
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2009

MARY PIERLUISSI
2900 GLADES CIRCLE
SUITE 425
WESTON, FL 33327

SUBJECT: MARILYNN 2, CORP
Ref. Number: P09000005365

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 709A00030931

RECEIVED
2009 SEP 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARILYNN 2, CORP

DOCUMENT NUMBER: P09000005365

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Pierluissi

Name of Contact Person

MPE CONSULTING, CORP

Firm/ Company

2900 BLADES CIRCLE STE 425

Address

WESTON, FL 33327

City/ State and Zip Code

MARYP@MPECONSULTING.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Pierluissi

Name of Contact Person

at (786) 487 2340

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 &
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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MARILYNN 2, CORP

DOCUMENT NUMBER: P09000005365

Please return all correspondence concerning this matter to the following:

Mary Pierluissi

MPE Consulting, Corp

2900 Glades Circle Ste 425

Weston, FL 33327

maryp@mpeconsulting.net

For further information concerning this matter, please call: Mary Pierluissi at 786-487.2340

Articles of Amendment
to
Articles of Incorporation
of

MARILYNN Z, CORP

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

P09000005365

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
VP	JOSE PRIETO	5610 NW 114 Place #105 Doral, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Juan Benblo	5610 NW 114 Place #105 Doral, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Jorge Nassar	5610 NW 114 Place #105 Doral, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: August 31, 2009.
(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 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Dated August 31, 2009

Signature Juan Benlolo
(By a director, president or 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)

JUAN BENLOLO
(Typed or printed name of person signing)

President
(Title of person signing)