10/31/2007 09:42 Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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MV REPRESENTACIONES CORP

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EXAMINER

9/9/2009

TO: Amendment Section

COVER LETTER

· Division of C	orporations				
NAME OF CORI	PORATION: M\	REPRESENTACIONES CORP.			
DOCUMENT NU	MBER:	P09000024428			
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.			
Please return all co	prrespondence concerning this	s matter to the following:			
	MAMNUEL VELASQUEZ				
	Ni	une of Contact Person			
	MV REPRESENTACIONES CORP.				
	Firm/ Company				
	DODE NIM 20TH STREET				
	9906 NW 20TH STREET Address				
•					
		DKE PINES, FL - 33024			
	Cr	y/ State and Zip Code			
	E-mail address: (to be used	for future annual report notification)			
For further informa	ation concerning this matter, j	please call:			
MAN	UEL VELASQUEZ	at (954) 850-8330			
	of Contact Person	at (954) 850-8330 Area Code & Daytime Telephone Number			
Enclosed is a check	c for the following amount ma	ade payable to the Florida Department of State:			
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

, of			
MV REPRESENTACIONS	ES CORP.		
(Name of Corporation as currently filed with	the Florida Dept. of Sta	ate)	
P09000024428			
(Document Number of Corporate	ion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit</i>	Corporation adopts the	following
A. If amending name, enter the new name of the corporation	n;	,	
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 to the word "chartered,"	'orp," "Inc." or "Co"	A professional corpora	the .
B. Enter new principal office address, if applicable:	2137 NW 72TH TE	ERRACE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUNRISE, FL 333	13	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2137 NW 72TH TE		
	SUNRISE, FL 3331	3	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office aden Name of New Registered Agent:		er the name of the	SEURETARY NAVISION OF CO
New Registered Office Address: (Flore	(Florida street address)		on SIAIL INPORATION PM 2: 08
(City)	(Zi _I	, Florida o Code)	8 To
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami Signature of New	gent: liar with and accept the Registered Agent, if cha) 71.

removed, s	nd title, name, and address	ors, enter the title and name of each of each Officer and/or Director bein	g added:
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address_	Type of Action
			□ Remove
		<u> </u>	——————————————————————————————————————
	•		
			
		<u> </u>	Remove
E. (famer	ding or adding additional A	rticles, enter change(s) here:	
(attach d	additional sheets, if necessary)	. (Be specific)	
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		xchange, reclassification, or cancella nendment if not contained in the am	
	not applicable, indicate N/A)		
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