P09000043154

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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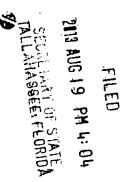
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MAZAL 6H, INC. DOCUMENT NUMBER: P09000043154 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steve M. Charchat Name of Contact Person Steven M. Charchat, P.A. Firm/ Company c/o 848 Brickell Avenue Address Miami, Florida 33131 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steve M. Charchat Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

FILED

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Articles of Amendment to Articles of Incorporation οf

SECRETARY UF STATE
TALLAHASSEE. FLORIDA

MAZAL 6H, INC.		%	
(Name of Corporation as current	ly filed with the Florida D	ept. of State)	•
P09000043154			_
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A	npany," or "incorporated" or the a professional corporation name must t	bbreviation contain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
			•
C. Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		-
			_
			-
D. If amending the registered agent and/or regi		lorida, enter the name of the	
new registered agent and/or the new register	reu of fice audress:		
Name of New Registered Agent			
-	(Florida street addre	56)	
Non-Devisional Office (11)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
New Registered Office Address:	(City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age		accept the obligations of the position.	
-			
Signature o	f New Registered Agent, if	changing	

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:	е, ини за	uy Smith, Sr us un Auu.					
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	DPS	Reina Trybiarz de Hirschen	c/o 848 Brickell Avenue				
Add			Suite 1040				
X Remove			Miami, Florida 33131				
2) Change	DVP	Miguel Hirschen	c/o 848 Brickell Avenue				
Add			Suite 1040				
X			Miami, Florida 33131				
3) Change	DPVP	Clara Kahanovsky	c/o 848 Brickell Avenue				
X Add			Suite 1040				
Remove			Miami, Florida 33131				
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

Attach a	<mark>ling or adding</mark> dditional sheets	additional Arts, if necessary).	ticles, enter cl (Be specific	iange(s) here:			
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				····	•		
							
			·····				
	<u></u>						
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					·······		
fan am	endment prov	ides for an exc	hange, reclass	sification, or co	ancellation of iss the amendment	sued shares.	
(if	not applicable,	indicate N/A)	<u>enament ii no</u>	t commined in	the amendation	113011	
	<u> </u>						
, - · · · - ,							
						<u> </u>	

date this document was signed.	auoption.	II omer chan ch
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/vere a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	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 ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	08/15/2013/	
Signature		
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Miguel Hirschen	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	