P0900056346

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Mar</u>	vemex Ine
DOCUMENT NUMBER: <i>P090</i>	00056346
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jessie	Padilla Name of Contact Person
Debbie's 4	ecounting Gervice Inc Firm/ Company
	16952 Address
Jacksonvil	Ve, Florida 32245 City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matte	er, please call:
Ve651e Padi//a Name of Contact Person	at (<u>904</u>) <u>733 - 4547</u> 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 Certificate of Status (Additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

JESSIE PACILLA P.O. BOX 16952 JACKSONVILLE, FL 32245

SUBJECT: MARIEMEX, INC Ref. Number: P09000056346

We have received your document for MARIEMEX, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 409A00032161

Articles of Amendment to **Articles of Incorporation**

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Marieme	× /n	1e			\$ 6 C
(Name of Corporation as currently f	filed with	the Florida	Dept. of S	State)	A.C.
P09000056	346				30
(Document Number of	f Corpora	ation (if know	/n)		646
irsuant to the provisions of section 607.1006, Flor nendment(s) to its Articles of Incorporation:	rida Statı	utes, this <i>Flo</i>	orida Profi	it Corporatio	n adopts the following
If amending name, enter the new name of the c	<u>corporati</u>	on:			
x IA					The new
ame must be distinguishable and contain the wo obreviation "Corp.," "Inc.," or Co.," or the design ame must contain the word "chartered," "profession	gnation "(Corp," "Inc, viation," or t	" or "Co". he abbrevi	. A professi ation "P.A."	onal corporation
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD			7 Vic	tor Str	ect_
		Jax	FL 3	32216 for Str 22216	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BC</u>	<u>0X</u>)	481	7 Vic	for Str	cet
		Jax	FL 3	2216	
. If amending the registered agent and/or registe new registered agent and/or the new registered			Florida, e	nter the nan	ne of the
Name of New Registered Agent:		<u> </u>		_	
New Registered Office Address:	(Floi	rida street ad	ldress)		
				, Florida_	
	(City)	,)	(2	Zip Code)	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.			d accept th	ne obligations	of the position.
Signatu	ire of Nev	w Registered	Agent, if cl	hanging	

· removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> Address Type of Action 5800 W. University Block Add Wax FL 32216 & Remo 4817 Victor Street Add

VAX FL 32216

Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Alen 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) 10/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendmen	t(s) adoption:9.30 . 2009
Effective date if applicable:	9.30 (date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	9.30.2009
Signature	
sele	ointed fiduciary by that fiduciary)
	Colleen Kersten
	(Typed or printed name of person signing)
	President NOW Removine
	(Title of person signing)