

P09000077118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

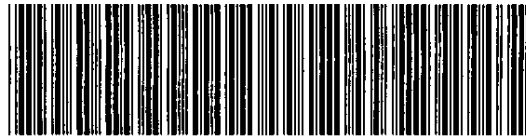
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184938438

09/07/10--01021--027 **35.00

Am...

FILED
10 SEP - 7 AM 11:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
10 SEP - 7 AM 11:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Roberts SEP 10 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Manufacturelephant inc

DOCUMENT NUMBER: PO9000077118

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

Please return all correspondence concerning this matter to the following:

Michelle Menendez

Name of Contact Person

Manufacturelephant inc.

Firm/ Company

1805 ponce de leon blvd Unit 721

Address

coral gables, fl. 33134

City/ State and Zip Code

michelle@manufacturelephant.com

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

For further information concerning this matter, please call:

Michelle Menendez

Name of Contact Person

at (305) 316 7294

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

FILED
10 SEP -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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>
PD	Elliam Coro	1805 pomarade iron blvd apt 722 coral gable fl 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

~~amending Article 5.1 to read as follows:~~

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: Sept 1-2010
(date of adoption is required)
Effective date if applicable: ASAP Sept-1-2010
(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 SEPT-1-2010

Signature [Signature]
(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)

Michelle Menendez
(Typed or printed name of person signing)

Vice Pres. Secretary
(Title of person signing)