P10000063087

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Amend. 10-29-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION:	MATY SUPPLY CO. IN	C
DOCUMENT NUM	BER:	P10000063087	
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
_		FAEL IRASTORZA	
	N	lame of Contact Person	
_	MAT	Y SUPPLY CO. INC	
		Firm/ Company	
	6700	NW 114TH AVE #904	
		Address	
		MIAMI FL 33178	
	C	ity/ State and Zip Code	
	JRWCPA E-mail address: (to be use	A1995@AOL.COM and for future annual report notification)	
For further information	on concerning this matter,	please call:	
RAFAI	EL IRASTORZA	at (305)49	6-2322
Name of	Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount n	nade payable to the Florida Departi	ment 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

Articles of Amendment Articles of Incorporation

MATY SUPPLY CO. INC

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

P10000063087

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

		The no
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Ĉorp," "Inc,	" or "Co". A professional corporation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/ar		Florida, enter the name of the
new registered agent and/or the new regi	istered office address:	
	istered office address:	
new registered agent and/or the new regi	istered office address: (Florida street ad	ddress)
new registered agent and/or the new regi	(Florida street ad	ddress), Florida
new registered agent and/or the new regi		,

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)

Title	Name	Address	Type of Action
<u>D</u>	OMAR A DOMINGUEZ	1300 PONCE DE LEON BLVD APT 604 CORAL GABLES FL 33134	☑ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, reclass for implementing the amendment if no pplicable, indicate N/A)		

The date of each amendmen	(date of adoption is required)
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/w	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)
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_10/2	0/2010
Signature <u>K</u>	Alado
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RAFAEL IRASTORZA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)