

P10000065468

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : MAS TAX AND ACCOUNTING INC.
 Account Number : I20080000059
 Phone : (305) 227-7210
 Fax Number : (305) 227-4240

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mtc6651@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 MERCER DE COLOMBIA CORP**

Certificate of Status	0
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 10 SEP 28 AM 8:00
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 AND
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 TALLAHASSEE, FLORIDA

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Handwritten signature and initials

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MERCER DE COLOMBIA CORP

DOCUMENT NUMBER: P10000065468

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

Please return all correspondence concerning this matter to the following:

ADA ESTRADA

Name of Contact Person

MAS TAX AND ACCOUNTING SERVICES, INC

Firm/ Company

14263 SW 42 ST

Address

MIAMI, FL 33175

City/ State and Zip Code

mte6651@gmail.com

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

For further information concerning this matter, please call:

ADA ESTRADA

Name of Contact Person

at (305)

559-1455
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

RECEIVED AND FILED
10 SEP 28 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MERCER DE COLOMBIA CORP

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

P10000065468

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

3795 WHITE BLVD

NAPLES, FL 34117

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

3795 WHITE BLVD

NAPLES, FL 34117

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____ *(Florida street address)*

_____, Florida

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	LUIS DEL RISCO	3795 WHITE BLVD NAPLES, FL 34117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PD	ELISA DEL RISCO	15060 SW 103 TERR APT 6103 MIAMI, FL 33196	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VPP	ELISA DEL RISCO	15060 SW 103 TERR APT 6103 MIAMI, FL 33196	<input checked="" 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)

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: 09/28/2010

Effective date if applicable: 09/28/2010 (date of adoption is required)
(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 09/28/2010

Signature Elisa Del Risco

(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)

ELISA DEL RISCO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)