7000xx37665/

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D)	ocument Number)	
(LX	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Modek	5 CONNECT INC	
DOCUMENT NUMBER: P10000	176651	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
A A A A B A B B B B B B B B B B		
	ANDRA ROMAN	
Name of	Contact Person	
Models Con	SNECT INC.	
Firm	Company	
8160 G	ENEVA CT Suite A317	
	33166 USA	
•	e and Zip Code	
ALEJANDRA(@1	10 dels connect! COM	
E-mail address: (to be used for fu	ture annual report norification)	
	at (305) 5824755	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	343.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
	Street Address	
	Amendment Section	
•	Division of Corporations Clifton Building	
	661 Executive Center Circle	

Tallahassee, FL 32301

	Articles of Incorporation	200
1. 11. /	of -	ANOCT 20
Models (annect" INC	State)
	rently filed with the Florida Dept. of	State)
P1000	0076651	FLOR
(Document Nu	mber of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.10 mmendment(s) to its Articles of Incorporation:		fit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	er!
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		5 184 St APT AVENTURA FL
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u> </u>	T . D / L . D . A . O .
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor da street address)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		the obligations of the position.
	Signature of New Registered Agent, if	changing

Articles of Amendment

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 VP	MARIA FUCENIA LOPEZ	Address 3215 NE 184 St AVENTURA FZ 33160	Type of Action APT 14201 Detdd Remove
			☐ Add☐ Remove
-			☐ Add☐ Remove
E. If amendi (attach add	ing or adding additional Articles, enter of littional sheets, if necessary). (Be specificational sheets)		
provision	endment provides for an exchange, recla ns for implementing the amendment if n t applicable, indicate N/A)		
(y no.	паррисане, таксие (у/л)		
		J T	

The date of each amendment(s) adoption: $0.722/10$			
	(date of adoption is required)			
Effective date if applicable:	10/22/10			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were 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	st for the amendment(s) was/were sufficient for approval			
by	,"			
(1	poting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated	0/22/10/10			
Signature	MixIL			
(By a	director, president or other officer - if directors or officers have not been			
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court			
appoi	nted fiduciary by that fiduciary)			
	JAPIA Alejanda Roman			
(Typed or printed name of person signing)				
	President			
	(Title of person signing)			