P1100003891U

(F	Requestor's Name)	
(A	(ddress)	
(A	Address)	
(C	City/State/Zip/Phone	· #)
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(C	Occument Number)	
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SECRETARY OF STATE

Mamechs

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Meta	savi, Inc	
DOCUMENT NU	лмвек: <u> </u>	38916	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	Mike B	rejus	
	N	lame of Contact Person	
		Firm/ Company .	
	3925 S.1	Yova Rel	
	Act Oran	Address Se A 32/27	
	businesscont	ity/State and Zip Code	<u></u>
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call: at (386) HeO-	5454
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	<u>ddress</u>	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2011

MIKE BELUS 3925 S. NOVA ROAD PORT ORANGE, FL 32127

SUBJECT: METASAVI, INC Ref. Number: P11000038916

We have received your document for METASAVI, 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 COMPLETE THE DOCUMENT IN ITS ENTIRETY.

The date of adoption of each amendment must be included in the document.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 511A00012447

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SECRETARY OF STATE

Articles of Amendment

to

Arti	cles	of	In	co	rp	or	at	io	n
		•	* * -			•	***	• •	•••

·	Articles of Incorporation	بى
Matro	of	Dept. of State)
(Name of Corporation as curre	antly filed with the Floride F	Yout of State)
<u> </u>		rept. of State)
	0038916	1
(Document Nun	nber of Corporation (if known)
rsuant to the provisions of section 607.1006 tendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	ida Profit Corporation adopts the
If amending name, enter the new name of	f the corporation:	
Metavi	asi Inc	The
me must be distinguishable and contain t breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "proj	designation "Corp," "Inc,"	or "Co". A professional corpora
Enter new principal office address, if apprincipal office address MUST BE A STREE		
		<u> </u>
	- 11 11 = 1 N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	
If amending the registered agent and/or r	egistered office address in F	lorida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
·	· ·	
New Registered Office Address:	(Florida street add	ress)
	•	,
	(City)	, Florida (Zip Code)
	(∇ny)	(Lip Couc)

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) **Title** Name Address Type of Action ☐ Remove ☐ Remove ____ 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:5/19/11
•	(date of adoption is required)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
(n	o more than 50 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by(vo	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	19/11
Signature	to
(By a d	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аррони —	James McCammon
	(Typed or printed name of person signing)
_	[JESIULN]
	(Title of person signing)