## P110000048149

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SECRETARY OF STATES ON OF CORPORALIES

Amena 105/21/12

## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations		
	RATION: MEDITE		of corp.
DOCUMENT NUM	ber: <u><b>P41000048</b></u>	3169	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	MARIBEL	MARIN	
		Name of Contact Perso	n _
	MEDITELL	Firm/ Company	2 corp
	1000 BRICKE		IT 925
		Address	
•	NIAMI	PL 33131 City/ State and Zip Cod	
		City/ State and Zip Coc	е
	MARINE MARIN	CAOL COM	
	E-mail address: (to be	used for future annual report	notification)
For further information	n concerning this matter, ple	ase call:	
MARIBEL	MARIN	at ( 786	537-0821
	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	e payable to the Florida Dep	artment 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)
	iling Address endment Section		Address Iment Section

Division of Corporations

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

## Articles of Amendment to Articles of Incorporation of

MEDITERRANEA 1102 CORP	<del></del>
(Name of Corporation as currently filed with the Florida Dept. of State)	
PM 0000 48169	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopted amendment(s) to its Articles of Incorporation:	ots the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	orp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
· · · · · · · · · · · · · · · · · · ·	— 72 A SECTION
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12 HAY 17 PH 12: 56
(maining address MAT BE A TOST OFFICE BOX)	
	— <b>2</b> foil
	<del> </del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	Ø ·
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 pos	ition.
Signature of New Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e, and
address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>J</u>	lohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	_S_	MARLIBEI MARLIN	1000 BRICHELL AV SUITE # 925 MIAMI FO 33131
2) Change Add Remove			
3 ) Change Add Remove	<del></del>		
4) Change Add Remove		}	
5) Change Add Remove	<del></del>		
6) Change Add Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)		
<del></del>			
·			
		<del></del>	
	<b></b>		
			<u> </u>
an amendment provides for an exchorovisions for implementing the ame	ange, reclassification,	or cancellation of is	sued shares, t itself:
(if not applicable, indicate N/A)	idineili ii ii ii on containe	<u> </u>	<u></u>
	<del></del>		
		<u> </u>	
	<del>-</del>		
<del>-</del> .			1.00

The date of each amendment(s) adoption:
Effective date if applicable:
(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)
(voting gr())(p)
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 05-13-18
Signature Overenda Colmonarel
(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)
Sicconda Colmenates (Pyped or printed name of person signing)
(Pyped or printed name of person signing)
Director
(Title of person signing)