## P1100007495

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: Mavida Corp. DOCUMENT NUMBER: P11000097495 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David F. Forero Useche Name of Contact Person Mavida Corp. Firm/ Company 1601 Corinthians Drive, Apt. 823 Address Florence, KY41042 City/ State and Zip Code david.forero@dhl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David F. Forero Useche Name of Contact Person 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mavida Corp.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P11000097495	A PR
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Drr. <b>7</b> The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1601 Corinthians Ave, #823
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Florence, KY 41042
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1601 Corinthians Ave, #823
	Florence, KY 41042
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent	Jseche
510 NW 84th Ave	
(Florida stree  New Registered Office Address:  Plantation	t address) , Florida 33324
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.  Signature of New Registered Agent:	e toreso V.

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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)

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
!) Change Add Remove				
2) Change Add Remove				
3 ) Change Add Remove				
4) Change Add Remove		<del></del>		
5) Change Add Remove	<del></del>	<del></del>	<u> </u>	
6) Change Add Remove	· · · · · · · · · · · · · · · · · · ·			

E. If amending or adding additional Articles, enter change(s) here:  ( attach additional sheets, if necessary). (Be specific)				
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis			

The date of each amendment(s) adoption: 4/25/12				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.			
	proved by the shareholders through voting groups. The following statement 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)			
action was not required.	opted by the board of directors without shareholder action and shareholder			
I The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated MPRI	125.2012			
Signature(By a d selected	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)			
	MIGOE Sose Forces A.  (Typed or printed name of person signing)			
	President			
	(Title of person signing)			