P11000097495

(Re	questor's Name)	
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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 11439 SW 132ND PL #3 Address MIAMI, FL 33186 City/ State and Zip Code ING DAVIDFORERO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID FORERO at (305) 546-3666 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □S43.75 Filing Fee & ■852.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	91		
MAVIDA CORP.			
(Name of Corporation as curre	ntly filed with the Florid:	1 Dept. of State)	
P11000097495			
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	as Florida Profit Corpora	tion adopts the following amendmen	u(s) to
A. If amending name, enter the new name of the corporation: N/A		77	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional c		
B. Enter new principal office address, if applicable:	N/A	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		#출 등	П
		- 1951 · Δ 2053 · Δ 1975 · Δ	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	PH 4: 30	ED
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ne name of the	
Name of New Registered Agent N/A	_		
	street address)		
New Registered Office Address: N/A	N/A , Florida		
Market of the Chances.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		gations 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)

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

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

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>	John Doc	
X Remove	<u>\\'</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	DT	DAVID F. FORERO USECHE	41439 SW 132ND PL #3
Add			MIAMI, FL 33186
Remove			
2) X Change	S	VILMA M. USECHE DE FORERO	11439 SW 132ND PL #3
Add			MIAMI, FL 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
51			
6) Change			
Add Remove			
RCHIOVE			

If an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/4)					
If an amendment provides for an exchange provisions for implementing the amendment.					
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	ient if not conta	ained in the	amendment i	itself:	
(it more approximate, mane are seed)					
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N/A . $^{\prime}$	
	, if other than the
date this document was signed.	
N/A	
Effective date <u>if applicable</u> :	
tho more than 90 days after amenament file dates	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	пен
"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 sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	der
action was not required.	
06/26/2017	
Signature (By a director, president or other officer—if directors or officers have not bee selected, by an incorporator—if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
appointed reductary by that reductary	
Vilmo M de Forero (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Secretary Director (Title of person signing)	
(Title of person signing)	