## P12000020590

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(Ac	ldress)	
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CRETARY OF STATE
ON OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: MARKETING & B	USINESS CONSULTING	FOR THE AMERICAS INC
DOCUMENT NUMBER:	P1200002059	0	
The enclosed Articles of Ar	mendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
Oli	ver Huttner		
		Name of Contact Perso	n
Ma	anagement Tax	Consulting, Inc	·
<del></del>		Firm/ Company	
44	30 Orchid Blvd	Ste 202	
<del></del>		Address	
Ca	pe Coral, FL 3	3904	
		City/ State and Zip Cod	e
mtc.flc	orida@gmail.co	om	
		ed for future annual report	notification)
For further information con	cerning this matter, pleas	e call:	
Oliver Huttner		at (239	, 645-4208
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	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)
Division P.O. Box	ent Section of Corporations	Ameno Divisio Cliftor 2661 E	Address  Iment Section on of Corporations a Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation

MARKETING & BUSINESS CONSULTING FOR THE AMERICAS INC

(Name of Corporation as currently filed with the	Florida Dept. of State)	
P12000020590		_
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must of	
B. Enter new principal office address, if applicable:	175 SW 7th Street Suite 1706	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami, FL 33130	•
	· · · · · · · · · · · · · · · · · · ·	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	175 SW 7th Street Suite 1706	
	Miami, FL 33130	
D. If amending the registered agent and/or registered office ad-	drass in Florida, antar the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		12
<u></u>		五路
(Florida s	street address)	24 F.C.
New Registered Office Address: (City	, Florida, Florida	· HARPE
(Cij	y) (zip code)	SECRETARY OF SHALLINES VISION OF CORPORALLINES 12 MAY 24 AM 9: 39
New Registered Agent's Signature, if changing Registered Ager	***	19
I hereby accept the appointment as registered agent. I am familian		
Signature of New Registered	l 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 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove	<u>-</u>		
3) Change Add Remove	•		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		<u> </u>
		<del></del>
		·····
f an amendment provides for an exc	nange, reclassification, or cancellation of issued	shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself	<u>l:</u>
,		
		· <u>- · · · · · · · · · · · · · · · · · ·</u>

The date of each amendment(s)	adoption: 05/21/2012
Effective date if applicable:	5/21/2012
	(no more than 90 days after amendment 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.
	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	(voting 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
<sub>Dated</sub> 05/21	/2012
Signature	Oli Tutt
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
•	Oliver Huttner
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)