P12000042746

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JAN 1 4 2013 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MY LISTI	NG BUDDY II	NC	
DOCUMENT NUMBER: P12000042	746		
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	tter to the following:		
ADRIAN BRAV	/ O	;	
	Name of Contact Person	n	
MY LISING BU	IDDY INC		
-	Firm/ Company		
1425 NW 1267	TH WAY		
	Address		
SUNRISE FL 3	33323		
	City/ State and Zip Cod	e	
MYLISTINGBUDE	NAHOTMAI	LCOM	
	sed for future annual report		
	•		
For further information concerning this matter, pleas	se call:		
ADRIAN BRAVO	at (305	600-1352	
Name of Contact 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 \$\text{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)	
- <u>Mailing Address</u>	<u>Street</u>	Address	
Amendment Section		Iment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MY LISTING BUDDY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000042746

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and contain the word "cor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	
corp., me., or Co., or the designation Corp, inc ord "chartered," "professional association," or the abbrev	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
,	· · · · · · · · · · · · · · · · · · ·
	40.450 DIVIEW DIVID 11005
	18459 PINES BLVD #265
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	PEMBROKE PINES FL 33029
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	PEMBROKE PINES FL 33029 ce address in Florida, enter the name of the
. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered of New Registered Agent	PEMBROKE PINES FL 33029 ce address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered agent and/or the new registered office and registered agent and registered of the registered of the registered agent and registered of the registered agent and registered of the registered agent and registered agent and registered of the registered agent and registered agent and registered of the registered agent and registered agent	PEMBROKE PINES FL 33029 ce address in Florida, enter the name of the address:

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 <math>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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		KATHERINE CHACA	1425 NW 126TH WAY
Add				SUNRISE FL 33323
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				<u> </u>
5) Change				 .
Add				
Remove				
6) Change		··· -		
Add				
Remove				

ttach additional sheets, if necessa	ıry). (Be specij	fic)		
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		100		
an amendment provides for an provisions for implementing the	exchange, recla	issification, or c	the amendment	uea snares, itealf:
(if not applicable, indicate N	A)	iot contained in	ine amendment	itseii.
()	,			
	 			
		· · · · · · · · · · · · · · · · · · ·	, , , ,	

The date of each amendment(s) adopti	12/18/2012
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement a voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	35
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 12/18/20	012
	M. H.
Selected, by	or, president or other-officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
A	ORIAN BRAVO
	(Typed or printed name of person signing)
Pi	RESIDENT
	(Title of person signing)