## P12000053441

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: MPS The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: \$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 (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MPS Me	BUE PAIN	7 SHOPS	INC			
	currently filed with the Flo	orida Dept. of State)		10 h	<del></del>	
P120000s	73 4 41 Number of Corporation (if		3	A STATE OF THE STA	<b>.</b>	
(Documen	Number of Corporation (if	known)				
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corport	ation adopts th	e following	amendment(	(s) to
A. If amending name, enter the new na	me of the corporation:					
					The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ition "Corp," "Inc," or "C	Co". A professional o				
B. Enter new principal office address, i		5725 5	BU H	2 CH	•	
(Principal office address <u>MUST BE A S1</u>	<u>(REET ADDRESS</u>	DouPle F	<u> 388 v</u>	141		
		<del> </del>				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		5725	ಶು	42 C	+	
		Davie F	7 33	314		
D. If amending the registered agent and	l/or registered office addre	ess in Florida, enter t	he name of th	 ie		
new registered agent and/or the new				_	•	
Name of New Registered Agent						
	(Florida stre	et address)				
New Registered Office Address:	a Continua of s	·	Florida <u> </u>	r-Costing	લ ન્યુસોફો 1 <u>,</u> 275	·
	(City)		(Zi <sub>l</sub>	o Code)		
New Registered Agent's Signature, if ch						
I hereby accept the appointment as registe	red agent. I am familiar w	ith and accept the obl	igations of the	position.		
Sig	nature of New Registered A	gent, 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		Taken Section
1) Change		·			_
Add	,	·			
Remove					
2) Change					
Add					
Remove					
3)Change					<del></del>
Add					_
Remove					<u> </u>
4) Change					_
Add	•	Now the second of the new transfer.	Cambra (200)		- New Months of the O
Remove					
5) Change		<del></del>		·-····································	
Add					<u>—</u>
Remove					
6) Change	***				
Add					
Remove					

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amendment provides for an exchang	e, reclassification, or cancellation of i	ssued shares,
visions for implementing the amendn (if not applicable, indicate N/A)	nent if not contained in the amendmen	nt itself:
(i) not approacio, maioaio 1971)	a construction of the following	· · · · · · · · · · · · · · · · · · ·
	\$ C 1 C 2 T 7 7 T 1 C 1 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T	17.
		<del> </del>

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)
☐ 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 25, 2012
Signature  (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)
Marco Aravena (Typed or printed name of person signing)
(Typed of printed name of person signing)
(Title of person signing)