

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000261504 3)))



H120002615043ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
 Account Number : 110432003053
 Phone : (561) 694-8187
 Fax Number : (561) 694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

12 OCT 31 AM 9:28

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MATT FOUR CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amnd

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT 31 AM 9:28

Articles of Amendment
to
Articles of Incorporation
of

MATT FOUR CORP.

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

P12000058847

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, (if changing)

If removing 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; VP = Vice President; T = Treasurer; S = Secretary; D = Director; DT = 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:

☒ Change DT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	D	Gustavo M. Seminario	15901 Collins Ave. Sunny Isles Beach, FL 33160
2) ☐ Change ☐ Add ☒ Remove	D	Jacqueline A. Hernandez	15901 Collins Ave. Sunny Isles Beach, FL 33160
3) ☐ Change ☒ Add ☐ Remove	DVP/S	GUSTAVO MOHME	15901 Collins Ave. Apt. 404 Sunny Isles Beach, FL 33160
4) ☐ Change ☒ Add ☐ Remove	D/P	JACQUELINE AMOUR	15901 Collins Ave. Apt. 404 Sunny Isles Beach, FL 33160
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

8. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[This section is crossed out with a diagonal line.]

9. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provide for implementing the amendment if not contained in the amendment itself.
(If not applicable, indicate N/A)

[This section is crossed out with a diagonal line.]

The date of each amendment(s) adoption: October 29, 2012

Effective date if applicable: October 29, 2012
(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 October 29, 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)

GUSTAVO MOHME

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)