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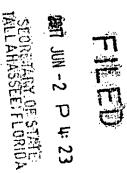
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section

| Division of Corporations   |   |
|--|---|
| NAME OF CORPORATION: MARI  | O E VIVAS & SONS, INC.  |
| DOCUMENT NUMBER: P1200   | 0056968   |
| The enclosed Articles of Amendment and fee are s   | submitted for filing.   |
| Please return all correspondence concerning this m   | latter to the following:  |
|  | Name of Contact Person  |
| MARIO  | E VIVAS & SONS INC. Firm/ Company   |
|  | 3 Rd AVE Address  |
| RUSK   | Address  -(N, FL 33570  City/ State and Zip Code  |
|  | 2009 @ HOTMAIL . COM used for future annual report notification)  |
| For further information concerning this matter, plea   | ase call:   |
| MARIO VIVA-S  Name of Contact Person   | at ( <u>813</u> ) 770 - 1657<br>Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount made  |   |
| □ \$35 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address 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

SONS. INC. oration as currently filed with the Florida Dept. of State) P12000056968 (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 Reaistered Office Address: Florida (City) (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 passing accept the obligations of the passing accept the appointment as registered agent.

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)

Example:

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.

| X Change                      | PT        | John Doe    |         |                  |
|-------------------------------|-----------|-------------|---------|------------------|
| X Remove                      | Y         | Mike Jones  |         |                  |
| _X Add                        | <u>sv</u> | Sally Smith |         |                  |
| Type of Action<br>(Check One) | Title     | <u>Name</u> |         | <u>Addres</u> s  |
| 1) Change                     | <u>V</u>  | SIVI        | D MUNDZ | 2201 3RO AVE     |
| ✓ Add                         |           |             |         | RUSKIN, FL 33370 |
| Remove                        |           |             |         |                  |
| 2)Change                      |           |             |         |                  |
| Add                           |           |             |         | <u></u>          |
| Remove                        |           |             |         |                  |
| 3 ) Change                    | ·····     | _           |         |                  |
| Add                           |           |             |         | emer m           |
| Remove                        |           |             |         |                  |
| 4) Change                     |           | _           |         |                  |
| Add                           |           |             |         |                  |
| Remove                        |           |             |         |                  |
| 5) Change                     |           | _           |         | 444.497          |
| Add                           |           |             |         |                  |
| Remove                        |           |             |         |                  |
| 6) Change                     |           |             |         |                  |
| Add                           |           |             |         |                  |
| Remove                        |           |             |         |                  |

|                           | additional she                                   | ng additional Ar<br>eets, if necessary). | (Be specific,                     |                                       |                 |                                       |         |
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| i an an<br>provisi<br>(if | nendment pro<br>lons for imple<br>not applicable | ovides for an exclementing the ame       | hange, reclassi<br>andment if not | fication, or ca<br>contained in t     | ncellation of i | ssued shares,<br>t itself:            |         |
|                           |  |  | - "                               |                                       |                 | ·                                     |         |
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| The date of each amendment(s) adoption: 5/25/2017  | , if other than the       |
|--|---------------------------|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |                           |
|  |                           |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.                    | 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 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)  |                           |
| (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 5/25/17  |                           |
| Signature Moderation   |                           |
| (By a director, president or other officer – if directors or officers have not been  | <del></del>               |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                           |
| (Typed or printed name of person signing)  |                           |
| President  |                           |
| (Title of person signing)  |                           |