P13000006375

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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Mecal, Inc.		
DOCUMENT NUMI	P13000006375		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael Viera		
		Name of Contact Person	1
	Michael Viera, PA		
		Firm/ Company	
	4770 Biscayne Blvd. Suite 9	00	
		Address	_
	Miami, FL 33137		
		City/ State and Zip Code	e
mike	@mv-law.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Michael Viera		786 at (200-4705
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment 4 to **Articles of Incorporation**

		of	Ł I L Pro
Mecal, Inc.			NIC -5 PM 31 00
	(Name of Corporation as	currently filed w	with the William Mant of State 115
P13000006375			AHASSEE FLORIDA
	(Document ?	Number of Corpora	ation (if known)
Pursuant to the provisions of sits Articles of Incorporation:	section 607.1006, Florida Stat	utes, this <i>Florida F</i>	Profit Corporation adopts the following amendment(s) t
A. If amending name, enter	the new name of the corpor	ation:	
			The new
"Corp.," "Inc.," or Co.," or		nc," or "Co". A	mpany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office (Principal office address MU	ce address, if applicable: IST BE A STREET ADDRES		
			
C. Enter new mailing addr	ass if annlicable		
	E A POST OFFICE BOX)		
			lorida, enter the name of the
new registered agent and	d/or the new registered office	e address:	
Name of New Registe	ered Agent		
	(1	Florida street addres	·ss)
New Registered Office	<u>ce Address</u> :	·····	, Florida
		(City)	(Zip Code)
New Registered Agent's Sig	nature, if changing Register	ed Agent	
			accept the obligations of the position.
	Sionature	of New Registered	d Agent, if changing
	Oiginatui C	. Januar Mugasarurua	

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.

Frample:

X Change	<u>PT</u> <u>Jol</u>	hn Doe			
X Remove	<u>V</u> <u>M</u> i	Mike Jones			
X Add	<u>SV</u> <u>Sa</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	Curly The Stooge, LLC	4770 Biscayne Blvd.		
Add			Suite 900		
X Remove			Miami, FL 33137		
2) Change	P	Michael Viera	4770 Biscayne Blvd.		
X Add			Suite 900		
Remove			Miami, FL 33137		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
A dd					
Remove					
6) Change					
Add					
Auu Remove					

amending or adding additional Articular Articu	(Be specific)
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an analysis and

The date of each amendment(s) add date this document was signed.	option:	, if other than the
· · · · · · · · · · · · · · · · · · ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(sicient for approval.	s)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ted by the board of directors without shareholder action and shareholder	er
•	ted by the incorporators without shareholder action and shareholder	
Dated 8 2	2015	
Signature	eetof, 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 could fiduciary by that fiduciary)	
1	Curly The Stooge	
-	(Typed or printed name of person signing)	
	An Authorized Signatory	

(Title of person signing)