P13000016934

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MNX GENERAL SERVICES CORP
DOCUMENT NUMBER: P13000016934
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GILVAM F DOS SANTOS
Name of Contact Person
GFS TAX & ACCOUNTING SERVICES
Firm/ Company
3127 COCOPLUM CIRCLE
Address
COCONUT CREEK FL 33063
City/ State and Zip Code
GIL611@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM DOS SANTOS	_{at (} 954 ₎ 9408322
Name of Contact Person	Area Code & Daytime Telephone Number

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 enclosed) (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

MNX GENERAL SERVICES CORP

	7	
(Name of Corporation as currently filed with the J P13000016934	florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nar	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	LED PN 2: 30
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address N/A Name of New Registered Agent		
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:(City,	, Florida	Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the p	,
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)

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	<u>PT</u>	John Doe	•
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	FABIO OLIVEIRA	730 LOCK RD UNIT 74
\mathbf{X}_{Add}			DEERFIELD BCH
Remove			FL 33442
2) Change			****
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding (Attach additional shee	g additional Artic	cles, enter chang	<u>ze(s) here</u> :		
(Altacit duditional snee	is, ij necessary).	(ве ѕресіліс)			
N1/Λ			<u>.</u>		
N/A					

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F. If an amendment pro- provisions for imple	vides for an exch	ange, reclassific	ation, or cancella	ition of issued sha	res.
(if not applicable	, indicate N/A)	idinent ii nor co	manied in the an	nenument tisen.	
N/A			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
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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 a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
_	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	-08-29/3
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	RAKEL F DE SANTANA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)