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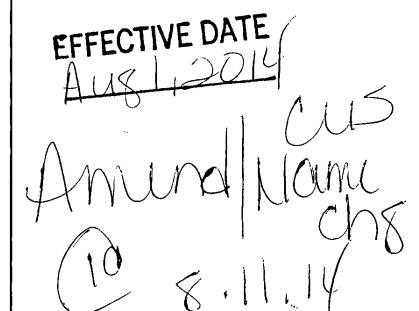
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COVER LETTER

Division of Corpora			
NAME OF CORPORA DOCUMENT NUMBE	DIZAAAA	y B Scho 23613	nartz Enterprises Inc
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	_
_	Mari	Name of Contact Person	Bocalan
	9745 Unit 112	Address City/ State and Zip Code	on Road Cs muille FC
	NS chwart E-mail address: (to be us	ted for future annual report	ail·Com L 246 notification)
Maria	Contact Person	Cal Gay 352	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	10.243.75 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)
	ng Address	· · · · · · · · · · · · · · · · · · ·	Address

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

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

Nancy B Schwart 2 Enterpris	res Inc
(Name of Corporation as currently filed with the Florida Dept. of State)	
P130000 23613	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follots Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation: MNB ENERPRISES INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name mword "chartered," "professional association," or the abbreviation "P.A."	nust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) L n i + 1127 Jackson Ville	FL 3224
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	
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:	on name
Manie Hanny Break	N
The state of the s	Lnit 1127
New Registered Office Address: Jackson Giville Fl. 3 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 positi	ion.
Signardre of New Registered Agent, if changing	7
	三 52
	8 HFE
	3 (S) (S) (S)
Page 1 of 4	₹

Articles of Amendment to Articles of Incorporation EFFECTIVE DATE

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.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Itile Name Address	Example: X Change	PT	John Doe			
Tyne of Action (Check One) Change Save Save	X Remove	<u>v</u>	Mike Jones			
(Check One) 1) Change VP Jose Sarz 9745 Touchton Remove Remove 2) Change 32245 Add 322445 Add 6324 Remove 3) Change 64 Add 64 Remove 4) Change 65 Add 67 Remove 5) Change 67 Add 78 Add	X Add	<u>sv</u>	Sally Smith			
Add	(Check One) 1) Change	Title VP	Name Jose	Saez	Address 9745 Road	Touditor
Remove	Remove 2) Change				Anit 112-	1 le FL 32246
4) Change	Remove 3) Change					
5) Change	Remove 4) Change Add			·		
Add	5) Change					
	Add					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	f amending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)		
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		(if not applicable indicate N/A)	enument it not contained	u in the amendment usen.	
		(y not approduct, marcate mit)			
				•	

e date of each amendment e this document was signed.	
ective date if applicable:	August 1 2014 (no more than 90 days after amendment file date)
<u> </u>	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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/wer	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	7 28 14
Signature	Ja Dona
	y a director, president or other officer – if directors or officers have not been
•	lected, by an incorporator – if in the hands of a receiver, trustee, or other court
ар	pointed fiduciary by that fiduciary)
	Maria Nancy Bocalah (Typed or printed name of person signing)
	<u>^</u>
	President
	(Title of person signing)