P13000027614

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(RM) 11-29-15

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corp	oracions		
NAME OF CORPO	RATION: M.A CAPI	TAL, INC	
DOCUMENT NUMI	BER: P130000276	614	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARTIN N. AV	ONDO	
		Name of Contact Person	1
	M.A CAPITAL,	INC	
		Firm/ Company	
	1750 NORTH B	SAYSHORE DE	RIVE #1209
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 3313	32	
		City/ State and Zip Code	e
AV	ONDO.MARTIN		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MARTIN N.	AVONDO	at (305	, 810-7957
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
	ling Address endment Section		Address Iment Section

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

Articles of Amendment

	AN	of	ALION .	• ,	الما ز د
M.A CAPITAL, INC		O1		•	72
(Name of Corporation as	currently file	ed with the Florid	la Dent. of State)		-3 , 71
P13000027614			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 7
(Documer	nt Number of C	Corporation (if kno	own)		2: O
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida S	Statutes, this <i>Flore</i>	ida Profit Corporation	adopts the following	gamendment(s) to
A. If amending name, enter the new na					
		****			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp,"	"Inc," or "Co".	A professional corpo	porated" or the ab ration name must c	breviation ontain the
B. Enter new principal office address.			V/A		
(Principal office address MUST BE A S		RESS)			
C. Enter new mailing address, if appli	cable:		V/A		
(Mailing address MAY BE A POST)	OFFICE BOX) <u> </u>	¥//~		
		_			
D. If amounting the negletered according	3/		e. Fl. 3.1.	C41-	
D. If amending the registered agent an new registered agent and/or the ney			n Florida, enter the na	ime of the	
Name of New Registered Agent	N/A				
					
		(Florida street ac	ddress)	-	
New Registered Office Address:	N/A		Florid	a N/A	
Then hegistered Office Ruth ess.		(City)	, 1 tona	(Zip Code)	
Name Designational Assertic Simulation 15 at		4			
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			and accept the obligation	ons of the position.	
	-	-	- 3	-	
Sis	enature of New	Registered Agent	t 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.

X Change	PT	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	N/A	N/A	
Add				
Remove				
2) Change	N/A	N/A	N/A	
Add				
Remove 3) Change	N/A	N/A	N/A	
Add				_
Remove			**************************************	_
4) Change	N/A	N/A	N/A	
Add				
Remove				
5) Change	N/A	N/A	N/A	
Add				_
Remove				
6) Change	N/A	N/A	N/A	_
Add				_
Remove				

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)		additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/A		
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	provisi	ions for implementing the amendment if not contained in the amendr	<u>nent itself:</u>
		not appricable, malcule 14/A)	
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The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : N/A	
(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 N/A	
(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_04/16/2015	
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)	
MARTIN N. AVONDO	
(Typed or printed name of person signing)	-
PRESIDENT	
(Title of person signing)	