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PICK-UP	☐ WAIT	MAIL
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R. WHITE

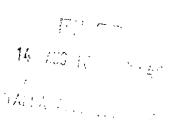
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MPX ENT BER: P13000045		CORP.
The enclosed Articles	of Amendment and fcc are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Laercio Pereira	a	
	MDV Enterpris	Name of Contact Person	1
	MPX Enterpris		
		Firm/ Company	_
	1000 E. Atlanti	c Blvd Ste 21	9
		Address	.
	Pompano Bear	ch El 33060	
	Tompano Boa	City/ State and Zip Cod	<u> </u>
		City/ State and Zip Cod	E
mp	xtrading@hotn	nail.com	
		sed for future annual report	notification)
		•	•
For further information	n concerning this matter, pleas	se call:	
Laercio Pei	reira	at (954	461-5233
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment 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		Street Address Amendment Section	
	sion of Corporations		on of Corporations
	Box 6327		Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MPX ENTERPRISES, CORP.

	filed with the Florida Dept	<u>. of State</u>)
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i> j	fit Corporation adopts the following amendme
. If amending name, enter the new name of the	corporation:	
JCN IMPORT EXPORT, C	ORP.	The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	p," "Inc," or "Co". A pro	ny," or "incorporated" or the abbreviation
. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AL</u>		
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	BOX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		da, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida

address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I s, if neces. lirector tit Presiden = Chief er, Direct d in the fo	Director being added: sary) le by the first letter of the office title: tt; T= Treasurer; S= Secretary; D= Directo Financial Officer. If an officer/director hole for would be PTD. ollowing manner. Currently John Doe is list corporation, Sally Smith is named the V and	th officer/director being removed and title, name, and or; TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	LAERCIO PEREIRA	1000 E. ATLANTIC BLVD
Add			STE 219
Remove			Pompano Beach, FL 33060
2) Change			
Add			·
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			

_ Remove

Change

Add

Remove

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)		sheets, if necessary).	(Be specifi	c)			
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(if not applicable, indicate N/A)					madiation of b	sued shares.	
	an amendment provisions for im	provides for an exc	hange, reclas	sification, or ca	the amendmen	t itself:	
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	<u>provisions for im</u>	plementing the amo	hange, reclas endment if no	sification, or ea of contained in	the amendmen	t itself:	
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	<u>provisions for im</u>	plementing the amo	hange, reclas endment if no	sification, or ca	the amendmen	t itself:	
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	<u>provisions for im</u>	plementing the amo	hange, reclas	sification, or ca	the amendmen	t itself:	

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The date of each amendment(s) adoption: 08/13/2014 date this document was signed.	, if other than the
Effective date if applicable: 08/13/2014 (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" (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 08/13/2014 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)	
JOAO P. MOL DE PAULA	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	