P13000050507

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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CRETARY OF STAFE
AHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	MB CORP	ORATE I	HOLDIN	IGS INC
	P1300005050			
The enclosed Articles of American	ndment and fee are su	bmitted for fili	ng.	
Please return all corresponden	ce concerning this ma	tter to the follo	wing:	
MAT	THEW BEIR			
MB	CORPORAT		ontact Persor	•
40.44			Company	
1040	05 NW 48TH			
COF	RAL SPRING		dress 076	
		City/ State	and Zip Code	;
MATTB	EIR@YAHO	O.COM		
E-	mail address: (to be us	sed for future a	nnual report	notification)
For further information concer	ming this matter, pleas	se call:		
MATTHEW BEIR	·	at (954	, 821-8416
Name of Conta	ct Person			de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the	Florida Depa	rtment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment Articles of Incorporation

MB CORPORATE HOLDINGS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000050507

(Document Number of Corporation (if known)

If amending name, enter the new name of the corporation:	
ne must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " rd "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent // A	
(Flasida et	treet address)
New Registered Office Address: (City,	, Florida (Zip Code)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	KENNETH BEIR	10405 NW 48TH MANOR
X Add			CORAL SPRINGS, FL 33076
Remove			
2) Change			
Add			
Remove			
3) Change	=	_	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u>	nding or adding additional Art	icles, enter change(s) here:
(Attach	additional sheets, if necessary).	(Be specific)
-N	/ A	
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'. <u>Ifan a</u>	mendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provi</u>	sions for implementing the ame if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	y not applicable, materie 1471)	
N/A		

The date of each amendment(s) ac	doption: 6/17/2013
Effective date <u>if applicable</u> :	
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MATTHEW BEIR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)