## P13000064667

(Requestor's Name)
(Address)
(
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	SuperD10 BER: P130000646	Inc 67	
	of Amendment and fee are su		<del>, -</del>
	spondence concerning this mat	_	
ricuse return an corre.	Sergio F. Brok	iter to the following.	
		Name of Contact Person	1
	SuperD10 Inc.		
	•	Firm/ Company	
	4151 NW 2nd A	ve	
		Address	
	Miami FL 33127	,	
		City/ State and Zip Cod	9
ser	giobrok@gmail.	com	
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Sergio Brok		at ( 305	, 6139470
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [	payable to the Florida Depa	urtment 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 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

SuperD10 Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State) P1300064667	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
MKTS OF MIDTOWN INC.	_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	breviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF STATE
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:  Name of New Registered Agent	- STATE
(Florida street address)	
New Registered Office Address:, Florida, Florida	
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 position.	
Signature of New Registered Agent, if changing	

(Att	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
lf a pr	an amendment provides for an exchange, reclassification, or cancellation of issurprovisions for implementing the amendment if not contained in the amendment is (if not applicable, indicate N/A)	<u>ied shares,</u> tself <u>:</u>
		·