P14000005850

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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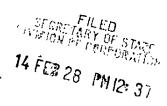
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COVER LETTER

TO: Amendment Sec Division of Corp	tion orations			
NAME OF CORPO	RATION: MACOR IN	IC		
DOCUMENT NUM	BER: P1400000585	60	 	
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	ESPERANZA MA	ARIN		
		Name of Contact Person	1	
		Firm/ Company		
	438 MAGPIE CT			
	KISSIMMEE FL 3	Address 34759		
		City/ State and Zip Cod	e	
es	pemarin07@yaho	o.com		
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Esperanza N	Marin (at (754	234-3793	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Mailing 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		

Articles of Amendment to Articles of Incorporation of



MACOR INC

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

endment(s) to

P14000005850	
(Document Number of Corporation (îf known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation: MACOR CORP	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain i
B. Enter new principal office address, if applicable:	3005 WINFIELD ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO FL 32810
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. 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	
(Florida st	reet address)
New Registered Office Address: (City	, Florida (Zip Code)
(C.y.	,
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	

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 <math>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>	Name	Address				
1) Change			 				
Add							
Remove							
2) Change							
Add							
Remove			<u> </u>				
3) Change		_					
Add			 				
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4) Change							
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5) Change							
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6) Change							
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f an amendn	nent provide	es for an ex	change, r	classification	on, or canc	ellation of	issued share	<u>es.</u>
provisions fo	or implemen	iting the ar	<u>nendment</u>	eclassification if not conta	on, or canc ined in the	ellation of amendmen	issued share nt itself:	es <u>.</u>
provisions fo	nent provide or implemen oplicable, ind	iting the ar	<u>nendment</u>	eclassification if not conta	on, or canc	ellation of i	issued share it itself:	e <u>s.</u>
provisions fo	or implemen	iting the ar	<u>nendment</u>	eclassification if not conta	on, or canc ined in the	ellation of amendmen	issued share nt itself:	
provisions fo	or implemen	iting the ar	<u>nendment</u>	eclassification if not conta	on, or canc ined in the	ellation of amendmen	issued share	<u>es.</u>
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provisions fo	or implemen	iting the ar	<u>nendment</u>	eclassification if not conta	on, or canc	ellation of amendmen	issued share	25.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 02/25/2014	
Signature Manuel F Correct	
(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)	
MANUEL F CORREA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	