## P14000010393

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Ві	usiness Entity Name)	<u> </u>
(De	ocument Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: T.V. MAL DOCUMENT NUMBER: P140000103		<u> </u>
	393	
		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MIGUEL MESA	4	
	Name of Contact Person	
T.V. MALL CO	RP.	. <u></u>
	Firm/ Company	
15476 NW 77	COURT #603	
	Address	
HIALEAH, FL :	33016	
	City/ State and Zip Code	
MMESA0@YAHC	OO COM	
	sed for future annual report	notification)
,	•	,
For further information concerning this matter, pleas	se call:	
		.== ==
MICHAEL MESA	at (305	_, <u>975-5718</u>
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
	_	
\$35 Filing Fee \$\square\$\$\$\square\$\$\$\$\square\$	□\$43.75 Filing Fee &	✓\$52.50 Filing Fee
Certificate of Status		
	enclosed)	(Additional Copy
		is enclosed)
		is enclosed)
Mailing Address	Street	Address
Mailing Address  Amendment Section  Division of Corporations	Amend	,
_	□\$43.75 Filing Fee & Certified Copy (Additional copy is	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

I.V. MALL CORP.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P14000010393		
(Document Number of Corporation (if i	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following as	mendment(s) to
A. If amending name, enter the new name of the corporation:		
n/a	TY	he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbro". A professional corporation name must con	eviation
B. Enter new principal office address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)		·
		<u>ب</u> بالم
		一带 主流
C. Enter new mailing address, if applicable:		30 GE
(Mailing address MAY BE A POST OFFICE BOX)		
		. 25 ≥ 2 
		200 17 17 17 17 17 17 17 17 17 17 17 17 17
		ध्याः ्रेष्ट
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent n/a		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Registered As	cont 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 <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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	ELENA M. MUNNE	1321 SW 125 COURT
Add				MIAMI, FL 33184
Remove				
2) Change				
Add				
Remove			•	-
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	·	_		
Add				
Remove				
6) Change				
Add		_ <del>-</del>		
Remove				

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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: SEPTEMBER 23, 2014	, 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)	
(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 SEPTEMBER 23, 2014	
Signature // //	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MIGUEL MESA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	