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SEP 1 9 2015 C. CARROTHERS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MPGA GRO	OUP CORP					
DOCUMENT NUME	BER: P1400001452	3					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	spondence concerning this man	tter to the following:					
	CRISTIAN GIACULLI						
	Name of Contact Person						
	G & GJ INTERNA		SIMENI				
		Firm/ Company					
	20807 BISCAYNI	E BLVD. SUITE	104				
	Address						
	AVENTURA, FL:	33180					
		City/ State and Zip Code	2				
lava	and@grgcpa.com						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
CRISTIAN GIACULLI		at (305	9877240				
Name of Contact Person		Area Code & Daytime Telephone Number					
Enclosed is a check fo	r 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)	2\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Street Address					
	endment Section ision of Corporations	Amendment Section					
	Boy 6227	Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MPGA GROUP CORP		_
(Name of Corporation as currently filed with	the Florida Dept. of State)	
P14000014523		_
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation	on <u>:</u>	
		The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	" or "Co". A professional corporation name must	
word "chartered," "professional association," or the abbrevio	ation "P.A."	(F)
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		-22
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mutting undress MAT BE A FOST OFFICE BOX)		_ '
		_
		 -
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent		
(Flori	rida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.	
Signature of New Regis	tored Agent 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 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.

X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally S	<u>mịth</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	PT	_	DARWIN E SCROLLINI G	20807 BISCAYNE BLVD.		
Add				SUITE 104		
Remove				AVENTURA, FL 33180		
2) Change	PT		ALEJANDRO J. OMS	20807 BISCAYNE BLVD.		
Add				SUITE 104		
Remove				AVENTURA, FL 33180		
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

	<u>r adding additio</u> nal sheets, if nec	essary). (E	Be specific)			
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an amendme	THE PLOTICES TOL	the amendm	ent if not con	tained in the	imendment itse	elf:
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<u>rovis</u> ions for	r implementing plicable, indicate	? N/A)				
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<u>provis</u> ions for	r implementing i	2 N/A)				
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<u>provis</u> ions for	r implementing i	2 N/A)				
an amendme provisions for (if not app	r implementing i	? N/A)				
<u>provis</u> ions for	r implementing i	? N/A)				

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.	
Dated9/12/16	
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)	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	