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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	MAVI	L CORP 016466		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
•	_	_		
	110LA F	toracio AL	BERTU	
		Name of Contact Pe	rson	
1	MAVIL	COPP		
		COTOP Firm/ Company		
	raz n	E 114 St		
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2 5	,			
		asl.com		
E-ma	ii address: (to be us	sed for future annual rep	ort notification)	
For further information concerning	ng this matter, pleas	se call:		
VIOLA HOTCACU	ALBERT	D at (78	6 320 3376	
Name of Contact	Person	Area	Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee S43 Cer	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Addre	<u>ess</u>	Str	eet Address	
Amendment Se		Amendment Section		
Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MAVIL CORP					
(Name of Corporation as currently fi	iled with the Flo	rida Dept. of Sta	te)	可 認 第	e in
P 140000 164	466				舌
(Document Number of		known)		A STATE OF THE STA	
arsuant to the provisions of section 607.1006, Florida	a Statutes, this <i>F</i>	lorida Profit Corn	<i>oration</i> adonts th	ne following	ာ ameno
Articles of Incorporation:	, constants, and a	oriuu 1 roju corp	oranon adopto ti		3
If amending name, enter the new name of the co	rnoration			<u> </u>	Ö
19/A	or por action.			1	<u>,</u> 2
me must be distinguishable and contain the wor	d "asymptotics	" "anmanu" a	(limpoum quotad)	on the ab	The I
Corp.," "Inc.," or Co.," or the designation "Corp,	," "Inc," or "C	o". A professiona			
ord "chartered," "professional association," or the	abbreviation "P	.a.:: ~ 1 a.			
Enter new principal office address, if applicable		- N/K			
rincipal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)				
Enter new mailing address, if applicable:		17/1			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u>)	- N/N			
			•		
					
If amending the registered agent and/or register		ss in Florida, ente	er the name of th	<u>ie</u>	
new registered agent and/or the new registered	office address:				
Name of New Registered Agent		NIA			
	(Florida stree	t address)			
New Registered Office Address:			, Florida		
non negative of fire francis.	(City)		(Zi	n Code)	
			(Zi _i	n Code)	
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		th and accent the i	obligations of the	position	
areept no appointment as registered agent.	· waa jaaraanaa Wii	and decept the c	organiona oj inc	Position.	
C. C.L.					
Signature of Ne	w Registered Ag	ent, 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.

Mike Jones, V as Remov Example:	e, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	VP	PINA MARILIA	292 NE 11481 Mami Fl 33161
Add			Mami F1 33161
Remove			
2) Change			
Add			
Řemove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or addit (Attach additional she	ng additional Articles, en ets, if necessary). (Be sp	ter change(s) he	ere:		
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				· ,	
	 				
If an amendment pro	vides for an exchange, re	eclassification, (or cancellation of	issued shares.	
(if not applicable	menting the amendment	if not contained	l in the amendme	nt itself:	
	N/A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		 		· · · · · · · · · · · · · · · · · · ·	
			 		
		<u> </u>			-, <u>-</u> -
				- Albania - Alba	

The date of each amendment(s) adoption: date this document was signed.	0070men 5, 2014	, if other than the
Effective date <u>if applicable</u> :	October 5, 2014 (no more than 90 days after amendment file date)	
	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	voting group)	
((voting group)	
The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
Dated Novem	ber 3, 70; 4	
Signature		
selected, by an i	resident or other officer – if directors or officers have not been ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	(Typed or printed name of person signing)	_
	-	
	PRESIDENTE	
	(Title of nerson signing)	Personal de la companya del la companya de la compa