PIHOUXIBAI

(Ře	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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APR 16 2014 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MAVERO CONSULTING CORP.				
DOCUMENT NUMBER:	214000027621				
The enclosed Articles of Amena	nent and fee are submitted for filing.				
Please return all correspondence	concerning this matter to the following:				
M	RIAVEROPICA NORIEGA - Name of Contact Person MAYPIRA CONSULTING				
	MAYERO CONSULTING.				
52	31 Thorough bred LANE				
~ ~ ~ =	Address				
_ PO	ET LAWERDAIL FLORIDA 33330				
	City/ State and Zip Code				
MAROX (ONSULTINGO GMAIL, OM) E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MARIAV NORIEGA at (954) 648-2915					
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:					
	1.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status				
Mailing Add: Amendment S					

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

Articles of Incorporation

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(Name of Corporation with the Florida Dept. of (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) 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 (Florida street 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 with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered 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.

Example: X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>		/
Add Remove			
2) Change			<u> </u>
Remove			
Change Add			
Remove 4) Change			
Add Remove	/		
5) Change	_//	·	
Add Remove			
6) Change	(<u></u>	M-9-1	
Add			

(Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
	
	
	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:			,		, if other than the
date this document was signed.						
Effective date if applicable:	1550N	24	AMENDMEN	T 15	DONE.	
	(n	o more the	an 90 days after amen	dment file d	ate)	
Adoption of Amendment(s)	(CHEC	K ONE)				
The amendment(s) was/were by the shareholders was/were			The number of votes	cast for the a	amendment(s)	
The amendment(s) was/were must be separately provided						
"The number of votes c	ast for the amendme	ent(s) was	were sufficient for ap	proval		
by						
	(voting	group)				
The amendment(s) was/were action was not required.	adopted by the boar	d of direc	tors without sharehold	ler action an	d shareholder	
The amendment(s) was/were action was not required.	adopted by the inco	rporators	without shareholder a	ction and sha	areholder	
Dated 3	131/2014					
Signature	Mound	etter 1	_			
	a director, president	or other	officer - if directors of			
	cted, by an incorpor ointed fiduciary by t		n the hands of a receivary)	v e r, trustee, o	or other court	
***			- VEROMCA	NoriE	LGA ·	
		(Typed	or printed name of pe	rson signing)	
			PRESIDEA	JT.		
			(Title of person signi			

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