P14000057334

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(Re	questor's Name)		
(Ad	(Address)		
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(Cit	y/State/Zip/Phone	e #)	
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☐ PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer		
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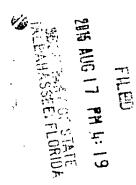
Office Use Only



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COVER LETTER

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Division of Corporations ASODUCTS NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miguel F. MiRABAL

Name of Contact Person Global legal Niami STILLS GADE SUITE CORAL GABLES / 33134 / City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Migrel F. MiRABAL at (305) 7731010

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: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to
Articles of Incorporation
of

FILED

MDS, POWER PRODU	OCTS IN COS AUG 17 PM 4: 19
(Name of Corporation as current	ly filed with the Florida Dept. of State) OF SAALE
P14000057334	MALEAHASSEE. FLORIDA
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1701 W 8th Ave. HIALEAH, 33010, FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
1701W (Florida str	8th Avenue
New Registered Office Address:	(City), Florida South
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
	I / A Pegistered 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.

Mike Jones, v as kem	ove, ana sauy s	Smun, Sv as an Aaa.	
Example: X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	5	JOSE FRANCISCO	1701 W 8th Ave. HiALEAH, FL, 33010
<u></u> ∕ Add		Nedina dos santos	HIALEAH, FL, 33010
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	1.
_	We need to change the address of the
_	following concentrate
_	following members:
	Sastian Medina Dos Santos
	Liz A Migneco Chacin
_	
_	New address for both members:
_	New address for 50th members: 1701 W 8th Avenue
	HIALEAH, 33010, FL
_	
_	
_	
_	
_	
_	
_	
Ľ	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
r.	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A) i) / []
_	10 / 1-1
_	
_	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
N7/201	2015
	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	afficient for approval
by(voting group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors will action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated 07/29/2015	_
X Signature	
(By a director, president or other officer	
selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	nds of a receiver, trustee, or other court
(Typed or printed name	AN F MEDINA DOS SANTOS te of person signing)
PRESI	DENT
	erson cionino)