

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : 120100000080
Phone : (954) 366-3850
Fax Number : (954) 960-5630

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: TAXRIGHT7@YAHOO.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MAWIDA, CORP.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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14 AUG -4 PM 4:25

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 AUG -4 AM 10:55

Electronic Filing Menu Corporate Filing Menu

AUG 05/2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **MAWIDA, CORP.**

DOCUMENT NUMBER: **P14000060292**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA E RUIZ

Name of Contact Person

MAWIDA, CORP.

Firm/ Company

2606 SOUTH GARDEN DR

Address

LAKE WORTH, FL 33461

City/ State and Zip Code

TAXRIGHT7@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E RUIZ

Name of Contact Person

at (**914**)

409-6578

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

ARTICLE IX: PERCENTAGE OF OWNERSHIP

Maria E Ruiz	34%
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Guillermo E Ruiz	33 %
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Daniel Ruiz	33%
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 08/01/2014, if other than the date this document was signed.

Effective date if applicable: 08/01/2014
(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.

Dated 08/01/2014

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)

MARIA E RUIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)