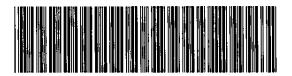
P14000067596

(Re	questor's Name)			
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C.V.3/15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: THE MAIL, INC P14000067596 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NELLY REBOLTA Name of Contact Person THE MAIL, INC Firm/ Company 12484 SW 127 AVE Address MIAMI, FL 33186 City/ State and Zip Code NREBOLTA@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NELLY REBOLTA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

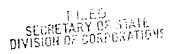
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)



THE MAIL, INC

15 FEB 10 AH 10: 55

P14000067596				
(Document Numb	per of Corporation (if	known)		•
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this F	lorida Profit Corporation add	opts the following	g amendment(s) t
A. If amending name, enter the new name of t	the corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	o". A professional corporat		
B. Enter new principal office address, if appli				
(Principal office address <u>MUST BE A STREET</u>	<u>(ADDRESS</u>)			
				•
				-
C. Enter new mailing address, if applicable:	F POV			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)			•
				-
D. If amending the registered agent and/or re-	gistered office addre	ss in Florida, enter the name	e of the	
new registered agent and/or the new regist		oo maa torical environment	<u> </u>	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:		, Florida	_	
	(City)		(Zip Code)	•
New Registered Agent's Signature, if changing	a Registered Agent:			
I hereby accept the appointment as registered ag		th and accept the obligations	of the position.	
Signature	of New Registered Ac	zent 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	SHABANA NAHEED	13150 SW 62ND TERR
Add			APT. 101
Remove			MIAMI, FL 33183
2) Change	Р	NELLY REBOLTA	9625 NASSAU DR
Add			CUTLER BAY, FL 33189
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Characa			
6) Change		-	
Add			
Remove			

	ch <i>additional sheets, if i</i>	necessary).	(Be specific)			
						18 0.01 8 10 11
· · · ·				* 41		
if an	amendment provides	for an excha	inge, reclassif	ication, or can	cellation of issue	ed shares,
f an pro	amendment provides visions for implement (if not applicable, indi	ing the amen	inge, reclassit	ication, or can	cellation of issue	ed shares, self:
f an pro	<u>visions for implementi</u>	ing the amen	inge, reclassif	ication, or can	cellation of issu e amendment it	ed shares, (self:
if an pro	<u>visions for implementi</u>	ing the amen	inge, reclassit dment if not	ication, or can contained in th	cellation of issu e amendment it	ed shares, self:
(f an pro	<u>visions for implementi</u>	ing the amen	inge, reclassif	ication, or can contained in th	cellation of issu e amendment it	ed shares, (self:
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lf an pro	<u>visions for implementi</u>	ing the amen	inge, reclassif	ication, or can	cellation of issue amendment if	ed shares, iself:

The date of each amendmens	t(s) adoption: 02/02/2015	FIL SECRETARY DIVISION OF C	EU OF STATE <u>green at lo</u> yif other than the
date this document was signed			
Effective date if applicable:	02/02/2015	15 FEB 10	AH 10: 55
	(no more than 90 day.	s after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
	re adopted by the shareholders. The numlere sufficient for approval.	per of votes cast for the amendment	nt(s)
	re approved by the shareholders through ved for each voting group entitled to vote s		ement
"The number of votes	s cast for the amendment(s) was/were suff	icient for approval	
by	(voting group)	,,,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors witho	ut shareholder action and shareho	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without sh	nareholder action and shareholder	
Dated_02/0)2/2015 /_/	h .	
Signature	/X	/ Med	
Se	By a director, president or other office— elected, by an incorporator—if in the hand ppointed fiduciary by that fiduciary)		
	NELLY REBOLTA		
	(Typed or printed	name of person signing)	

VICE PRESIDENT

(Title of person signing)