P15000050077

(Re	equestor's Name)	
(Ac	idress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MALDONADO S	SERVICES GROUP CORP		
DOCUMENT NUMB	P15000050077			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		MARIA F. PEREIRA		
_		Name of Contact Persor		
	MALDONADO SERVICES GROUP CORP			
_	Firm/ Company			
	11685 CANAL DR APT 110			
_	Address			
	NORTH MIAMI FL 33181			
_		City/ State and Zip Code		
		N/A		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	•		
MARIA F.	PEREIRA	at (786	, 278-1447	
Name of	Contact Person		le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Amer Dívis P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED
PM LE 13

MALDONADO SERVICES GROUP CORP

		***		COLL
(Name o	f Corporation as curre	ntly filed with the Florida Dep	t. of State)	UIU
	P15000050	0077	A A A A A A A A A A A A A A A A A A A	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:			
NONE			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co" or the design word "chartered," "professional associal	ution "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address, i		,		
(Principal office address <u>MUST BE A ST</u>	<u>reet address</u>)	SAME ABOVE		
C. Enter new mailing address, if applications				
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)			
	•	SAME ABOVE		
D. If amending the registered agent and new registered agent and/or the new			me of the	
new registered agent and/or the new	MONICA G. BA			
Name of New Registered Agent				
	11685 CANAL D	R APT 110		
	(Florida	street address)		
New Registered Office Address:	NORTH MIAMI		_, Florida	
<u>New Registerea Office Adaress.</u>		(City)	(Zip Code)	
New Projectional Office Address		<u> </u>	_, Florida	

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>	Name	<u>Addres</u> s
1) Change	PD	MARIA F. PEREIRA	11685 CANAL DR APT 110
Add			NORTH MIAMI FL 33181
X Remove			
2) Change	VPD	MONICA G. BARZOLA	11685 CANAL DR APT 110
Add			NORTH MIAMI FL 33181
X Remove			
3) Change	PD	MONICA G. BARZOLA	11685 CANAL DR APT 110
X Add			NORTH MIAMI FL 33181
Remove	·		·
4) Change	MGR	MARIA PEREIRA	11685 CANAL DR APT 110
X Add		•	NORTH MIAMI FL 33181
Remove			
5) Change			47
Add			
Remove			
6) Change		_	
Add			
Remove			

E. <u>If amending or adding additional Articles (Attach additional sheets, if necessary).</u>	(icles, enter change(s) here: (Be specific)	
NONE	(be specific)	
HONE		
-		
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment if flot contained in the amendment users	
NONE		
		
		•

07/14/2015	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
07/14/2015	
Effective date if applicable: (no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g 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 number of votes comby the shareholders was/were sufficient for approval.	ast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by	,,,
(voting group)	 -
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
07/14/2015	
Dated	
Simulan	
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 receive	
appointed fiduciary by that fiduciary)	
Maria F. Pereira	
(Typed or printed name of person sign	ning)
President	
(Title of person signing)	