Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001615163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email 1	Address:			
FEBUS	ACOPESS:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN MB TRANSFER INC

1-23 #24247047	-21-22-1-2
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu C. GOLDEN Help

JUN 1 9 2017

H 1 7 0 0 0 4 5 15 18 2017 JUN 16 AM 9: 15

Articles of Amendment to Articles of Incorporation of

SECAL FARY OF STATE
TALL AHASSEE, FLORIDA

	mb transfe	R INÇ	44	
(Name of	Corporation as current	y filed with the Flor	jua Dept, of State)	
	P15000055	163		
	(Document Number o	f Corporation (if know	νп) .	
arsuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Carpa	ration adopts the following amendment(
If amonding name, enter the new nam	ne of the corporation:			
			The new	
ime must be distinguishable and conta Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	tion "Corp," "Inc," or "	'Co". A professiona	"incorporated" or the abbreviation I corporation name must contain the	
Enter new principal office address, if	'annilaahla:	3155 W 72ND TI	er ·	
rincipal office address MUST BE A ST	REET ADDRESS)	HIALEAH, FL. 33018		
				
Enter new mailing address, if applic	nhìa:			
(Mailing address MAY BE A POST O	FFICE BOX	3155 W 72ND TER		
		HIALEAH, FL. 33018		
			·	
. If amending the registered agent and	or registered office add	ress in Florida, ente	r the name of the	
new registered agent and/or the new	registered office address	¥		
Name of New Registered Agent	MARCELA MORALES			
	51 4 6 174 200 PD 7°07D			
	3155 W 72ND TER			
-		reet address)		
New Registered Office Address:		•	Plorida 33018	

H170.00161516

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:

3052201440

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CBO = 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 Don 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>v2</u>	Salty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	MAGDA NOVOA	3431 W 80 ST STB 201
Add Remove			HIALBAH, FL. 33018
2) Change	P	MARCELA MORALES	3155 W 72ND TER
X Add			HIALEAH, PL. 33018
Remove			
3) Change			
Add			***************************************
Remove			<u> </u>
4) Change			
Add			
Remove			
S)Change	<u></u>		
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

H17000161516

i. <u>If amonding or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)						
, , , , , , , , , , , , , , , , , , , ,	,					
	······································					
				· ····································	The second secon	
•					~~~	
*** * *				•••		
					· · · · · · · · · · · · · · · · · · ·	.,
	****			· · · · · · · · · · · · · · · · · · ·		
						·
		· · · · · · · · · · · · · · · · · · ·	· -			
					· · · · · · · · · · · · · · · · · · ·	· · · ·
If an amendment of providing for imp (if not applical	royldes for an excha- lementing the amend ble, indicate N/A)	nge, reclassificati Iment if not conti	on, or cancellation in the amer	on of issued share adment itself:	** <u>.</u>	
· · · · · · · · · · · · · · · · · · ·					· -	

				<u></u>		
	······································				//	
		•			• •	
			·			

		r	M 1 / U O U T 6 15
		W. L. Long	
The date of each amendment(s) at date this document was signed.	doption:	GIGII	, if other than the
06/1	6/2017	, ,	
Effective date if applicable:			
	(no mor	e than 90 days after omendment j	lle date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the spartment of State's rec	no applicable statutory filing requi cords.	drements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholds fficient for approval.	ers. The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the sharehold each voiling group ent	ders through voting groups. The j	following statement endment(s):
"The number of votes east	for the amendment(s)	was/were sufficient for approval	
by		.*	
•	(voling group))	
The amendment(s) was/were education was not required.	pted by the board of d	irectors without shareholder sectio	n and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporat	ors without shareholder ection an	d shareholder
06/16/2017	•		
Dated	Hu	wems	
		her officer - if directors or officer	
	d, by an incorporator — led fiduciary by that fit	· if in the hands of a receiver, trust ductory)	ee, or other court
		MARCELA MORALES	
	(Typed or)	printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
		PRESIDENT	
,		(Title of person signing)	