P15000056960

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OCT O 0 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

	\/ 		
NAME OF CORPOR	ATION: MARCUMEX CO	RP _i	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	ARISTIDES MARTINEZ		
-		Name of Contact Person	1
-		Firm/ Company	
:	2836 NW 21 PL		
-		Address	
	CAPE CORAL FL 33993		
		City/ State and Zip Code	e
	E-mail address: (to be us	sed for future annual report	notification)
	·		
For further information	concerning this matter, pleas	se call:	
		,	
Name o	f Contact Person	at (at Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐S43.75 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 Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARCUMEX CORI	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000056960	*
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporati	ion," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable:	2836 NW 21 PL
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL FL 33993
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2836 NW 21 PL
	CAPE CORAL FL 33993
	•
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	
(Florida s.	treet address)
New Bering 100 - 111	PL - 1
New Registered Office Address:	(City) , Florida (Zip Code)
	(-49
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered 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.

Example: X Change	<u>PT</u>	John Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding ad Attach <i>additional sheets, ij</i>	f necessary).	(Be specific)				
						·
					<u> </u>	
	*					
						··
					2111 W.	
f an amendment provide provisions for implemen (if not applicable, ind	ting the amer	ange, reclass	fication, or c contained in	ancellation of the amendmen	issued shares, nt itself:	
						

: ' ' ' ' ' ' ' '	08/30/2015	
The date of each amendment(s)	adoption:	, if other than
date this document was signed.	•	,
1 1	8/30/2015	1
Effective date if applicable:		
1	. (no more than 90 days after amendment file date)	
		7 j
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
08/30/20 Dated Signature	ons William C	·
(By sele	a director, president of other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ARISTIDES MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	