## P15000063581

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T. LEMIEUX



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: MARKEY CAPIT	AL CORP		-	
DOCUMENT NUM	IBER: P15000063581				
The enclosed Article	s of Amendment and fee are su	bmitted for fili	ng.		
Please return all corr	espondence concerning this ma	tter to the follo	wing:		
	JACK LEVINE				
		Name of Co	ontact Persor	1	
	JACK LEVINE, PA.				
	Firm/ Company				
	3050 BISCAYNE BLVD SU	JITE 302			
	-	Ad	dress		
	MIAMI, FL 33137				
		City/ State a	and Zip Code	<del>2</del>	
JL@	JACKLEVINECPA.COM				
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further informati	on concerning this matter, pleas	se call:			
STEVEN SOMMER	RS	at (	, 954	483-6260	
Name	of Contact Person	a. (		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the l	Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ( (Additiona enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 Ilahassee, 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

MARKEY CAPITAL CORP		
(Name of Corpor	ation as currently filed with the Florida Dept. of State)	
MARKEY CAPITAL CORP		
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendme	nt(s) t
A. If amending name, enter the new name of the	corporation:	
	The new	
"Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the control of the control o		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the	
Name of New Registered Agent	7A 20	
	(Florida street address)	57275174
New Registered Office Address:	Florida TI	1
New Registerea Office Address.	(City) · (Zip Code)	5 L
New Registered Agent's Signature, if changing R	Registered Agent:  I. I am familiar with and accept the obligations of the position.	
i nervoy uccepi ine appoiniment as registerea agent	тат јатта with ана ассерт те oonganons of the position.	
Si	impeture of New Panistavad Agast 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.

X Change	PT	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	TD	DORTHORY SOMMERS	129 S. VIRGINIA AVENUE			
Add			APT#202			
X Remove			ATLANTIC CITY, NJ 08401			
2) Change						
Add						
Remove						
3)Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		· · · · · · · · · · · · · · · · · · ·				
Add						
Remove			<u></u>			
<ul><li>δ) Change</li></ul>						
Add		_				
Remove						

ach <i>additional sh</i>	ing additional Articles, if necessary).	(Be specific)				
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		<del></del>				
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a ameadmant a	rovides for an excl	hange reclassifi	ention or sunsel	lation of icensel	chorae	
ovisions for imp	lementing the ame	endment if not co	ontained in the a	mendment itself	i.	
(if not applicat	ble, indicate N/A)					
				<u> </u>		
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					·	
		<del></del>				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing 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 by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	27
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shar <del>c</del> holder
Dated 3 29 16	
Signature Steven Soveres	
(By a director, president or other officer - if direct	
selected, by an incorporator - if in the hands of a	receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
STEVEN SOMMERS	
(Typed or printed name of per	son signing)
PRESIDENT	
(Title of nerson sig	aning)