## P15000099884

(Re	equestor's Name)		
(Ad	dress)	<del></del>	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MRA SOLUTION	S GROUP INC.	
DOCUMENT NUME	D15000000004		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NELLY COUTO		
•	<del>, , , , , , , , , , , , , , , , , , , </del>	Name of Contact Perso	n
	DAKOTA ACCOUNTING S	SERVICES INC	
		Firm/ Company	
	13501 SW 128TH STREET	SUITE 217	
		Address	
	MIAMI, FL 33186		
		City/ State and Zip Cod	e
DAK	OTATAX@GMAIL.COM		
	<del></del>	sed for future annual report	notification)
	D man address, (to be a	od for fature aimaan report	·
For further information	n concerning this matter, pleas	se call:	
NELLY COUTO		305	595 1252
Name o	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment 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)
Ame Divi P.O.	ling Address Indment Section Ison of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations 1 Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

50°C 3 1 11. 10%

MRA SOLUTIONS GROUP INC.

(Name o	of Corporation as currently	filed with the Florida Dep	t. of State)	14.
P15000099884				. ( <del>Ç</del> )
	(Document Number of	Corporation (if known)	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amend	dment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The '	ทอน
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpor	orated" or the abbrevia	tion
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>				<del></del>
				_
C. Enter new mailing address, if apple (Mailing address MAY BE A POST				
				_
				<del></del>
D. If amending the registered agent ar	ıd/or registered office addre	ess in Florida, enter the na	me of the	
new registered agent and/or the ne				
Name of New Registered Agent	NELLY COUTO C/O DAK	OTA ACCOUNTING SER	VICES INC	
Theme of them registered rights	13501 SW 128TH STREET	SUITE 217		
	(Florida stree	et address)	<del></del>	
	MIAMI	······,	33186	
New Registered Office Address:		City)	_, Florida (Zip Code)	_
	•		(asp owns)	
		•		
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligation	ns of the position.	
	1111			
	Malx & me	$\mathcal{A}$		
	Signature of New Re	egistered Agent, if changing	<u> </u>	
	G V	0 0 0 0 0 0		

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	•
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	_	YANITZA SANCHEZ	
Add X Remove				
2) Change	T	<del></del>	LISBETH BARRIENTO	
XAdd				
Remove				
3) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Ramova				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and amendment itself:
	<u> </u>

	12/28/2015	
The date of each amendment(s) ad late this document was signed.		, if other than
•	3/2015	
Effective date <u>if applicable</u> :	92013	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ate will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	er .
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
12/28/2015 Dated		
Signature	UMS mely.	
	recto, president or other officer - if directors or officers have not been	
	<ol> <li>by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)</li> </ol>	rt
арропи	ed fiduciary by that fiduciary)	
	YANITZA M. SANCHEZ	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	