P16000012907

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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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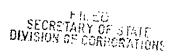
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: M GROUP I	DESIGNERS CORP
DOCUMENT NUMBER: P16000012907	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
JULIANA H PIETA	
	Name of Contact Person
TAX CONTROLLER I	INC
	Firm/ Company
750 E SAMPLE ROAD	BLDG 3 BAY 5
	Address
POMPANO BEACH, F	FL 33064
	City/ State and Zip Code
ROSANGELA@TAXCONT	ROLLER.COM
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
JULIANA H PIETA	at (954) 301-1848
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	<u> </u>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



M GROUP DESIGNERS CORP

16 MAR -7 PM 2: 04

(<u>Name o</u>	of Corporation as currently filed with th	e Florida Dept. of State)
P16000012907		
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A profes	The new ," or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		
new registered agent and/or the nev	id/or registered office address in Florida w registered office address:	, enter the name of the
Name of New Registered Agent	MATHEUS DOMICIANO NUNES CAE	BRAL
<u>-</u>	14951 ROYAL OAKS LANE #104	
	(Florida street address)	
New Registered Office Address:	NORTH MIAMI	Florida 33181
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with and accept Signature of New Registered Agen	

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>.</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P	 -	RENATO DE AZEREDO MENDONCA	14951 ROYAL OAKS LN #102
Add X Remove				NORTH MIAMI, FL 33181
2) Change	P	_	MATHEUS D. NUNES CABRAL	14951 ROYAL OAKS LN #104
X Add				NORTH MIAMI, FL 33181
Remove				
3) Change			A. 4500A	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	***	
Add				
Remove				

	(Be specific)
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f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		SFront Litt
Effective date <u>if applicable</u> :		DIVISION OF COSPENSAL
	(no more than 90 days after amendment file date)	16 MAR -7 PM 2: 01.
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendr ficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and sharehold	ler
03/03/2016 Dated	taldamen	
Signature(By a di	rector, president or other officer – if directors or officers have not	heen
selected	, by an incorporator – if in the hands of a receiver, trustee, or other diduciary by that fiduciary)	
	RENATO DE AZEREDO MENDONCA	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	