## 716000022457

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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE NO JIVISION OF CORPORATIONS

APR 1 4 2016 C McNAIR

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MORDY MARKE	TING CORP.	
DOCUMENT NUMB			Marine-address-error error error error error
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JORGE MORDECHAI GOM	1EZ	
•		Name of Contact Person	1
-		Firm/ Company	
	4880 NW 9TH TERRACE		
•		Address	
	FT. LAUDERDALE, FLORI	DA 33309	
-	and the second	City/ State and Zip Code	2
oxoxn	ana1260@gmail.com		
<del>_,_,</del>		sed for future annual report	notification)
For further information  JORGE MORDECHA	concerning this matter, pleas		3304411
Name o	f Contact Person	at ( Area Co	de & Daytime Telephone Number
	the following amount made		•
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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
MORDY MARKETING CORP.	

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000022457			<u> </u>
The state of the s	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the followi	
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con	nation "Corp," "Inc." or	ion," "company," or "incorporated" or the o "Co". A professional corporation name must "P.A."	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/Λ	
		N/A	
D. If amending the registered agent at new registered agent and/or the ne			
Name of New Registered Agent	N/A		
	`N/A	1000	, cand
	(Florida :	street address)	
New Registered Office Address:	N/A	N/A . Florida	
THE HOSPITAL OFFICE HUAVES.	gammagan) , a hayd ddinig gang Aryngayan Araban Araban a ddinin a ddinin araban a ddinin a dd		Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: r with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	NATIONAL DESIGNATION OF THE PROPERTY OF THE PR

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 D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		JORGE MORDECHAI GOMEZ	4880 NW 9TH TERRACE
X Add				FT.LAUDERDALE
Remove				FLORIDA 33309
2) Change	CEO		ELIANA MARIA CUELLAR	4880 NW 9TH TERRACE
X Add				FT. LAUDERDALE
Remove				FLORIDA 33309
3) Change	***************************************	·····		
Add				
Remove				
4) Change		na ( Malain	ALL 11.00	
Add				
Remove				
5) Change				Control of the Contro
Add				
Remove				
6) Change				
Add				operation and distribution of the control of the co
Remove				

Attach <i>additiona</i>	adding additional A l sheets, if necessary,	). (Be specific)	ngalor nere.			
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, 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 votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by(voting group)	;;
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
04/05/2016	
Signature X	
(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
LUZ M CUELLAR	
(Typed or printed name of person signing)	And Addition to the Annual Control of the An
REGISTERED AGENT	
(Title of person signing)	