

P16000046110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

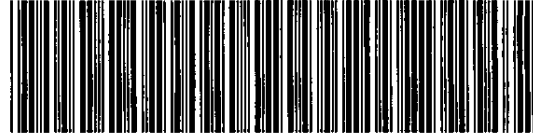
(Business Entity Name)

(Document Number)

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*Amid*  
*10/26/16*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Mado Inc  
DOCUMENT NUMBER: P16000046110

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosita Nieves  
Name of Contact Person  
Gifted Health group Inc  
Firm/ Company  
111 NW 183rd St 414  
Address  
Miami FL 33169  
City/ State and Zip Code

rnieves(a)gifted Health group Inc  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosita Nieves at ( 305 ) 405-6553  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2016

MARIELLE DORVIL  
1590 NE 139TH ST  
MIAMI, FL 33161

SUBJECT: MADO INC  
Ref. Number: P16000046110

We have received your document for MADO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 316A00019330

Articles of Amendment  
to  
Articles of Incorporation  
of

Mado Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P160000046110

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Marielle Dorvil

350 NW 159th St Miami FL

(Florida street address)

33169

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Marielle Dorvil

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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                        |                         |
|--|----------|------------------------|-------------------------|
| 1) <input type="checkbox"/> Change         | <u>P</u> | <u>Murielle Dorvil</u> | <u>15984 NW 2ND AVE</u> |
| <input type="checkbox"/> Add               |          |                        | <u>MIAMI FL</u>         |
| <input checked="" type="checkbox"/> Remove |          |                        | <u>33109</u>            |
| 2) <input type="checkbox"/> Change         | <u>P</u> | <u>Marielle Dorvil</u> | <u>350 NW 159th S</u>   |
| <input checked="" type="checkbox"/> Add    |          |                        | <u>MIAMI FL 33109</u>   |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 3) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 4) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 5) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 6) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10/12/2014, if other than the date this document was signed.

Effective date if applicable: 10/12/2014  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."

(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/12/2014

Signature

Marielle Dorvil

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marielle Dorvil

(Typed or printed name of person signing)

President

(Title of person signing)