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Chad vin

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPO	RATION: MFS NAPLES, IN	IC.		
DOCUMENT NUM	D16000050503			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MICHAEL JEANVEGA			
		Name of Contact Perso	n	
		Firm/ Company		
	5071 31ST PL. S.W.			
		Address		
	NAPLES, FL 34116			
		City/ State and Zip Cod	e e	
resta	urantmartinfierro@yahoo.com	i.		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
MICHAEL JEANVI		at (<u>23</u> 9	<u> 961-7326</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 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)	
An Div	niling Address nendment Section vision of Corporations	Ameno	Address Iment Section on of Corporations	
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MFS NAPLES, INC.			17	
· · · · · · · · · · · · · · · · · · ·	n as currently	filed with the Florida I	Dept. of State)	
P16000050504				
(Docume	ent Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this F	lorida Profit Corporatio	\boldsymbol{n} adopts the fe	ollowing amendment(
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" " Inc ," or " C	o". A professional corp	orporated" or poration name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				
	, , , , , , , , , , , , , , , , , , ,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ú			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office addres office address:	ss in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address;			, Florida	
	d	ity)	 ·····_	(Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I		th and accept the obliga	tions of the por	sition.
Signa	ture of New \overline{Rey}	gistered Agent, if changi	<u></u> -	

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: <u>X</u> Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	VP.	ROSA ARGELIS		5071 31ST PL SW
Add				NAPLES, FL 34116
X Remove				
2)Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
				
Add				
Remove				

Attach <i>additional sl</i>	ing additional Artinects, if necessary).					
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<u>f an amendment p</u>	rovides for an exch	nange, reclassifi	cation, or cance	ellation of issued	l shares,	
(if not applicate	dementing the ame ole, indicate N/A)	<u>nament it not c</u>	<u>ontained in the</u>	amendment itse	<u>'II:</u>	
					-	
			,-			
						
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The date of each amendment(s) adoption:
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 statutory filing requirements, this date will not be listed as if 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 east 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
hy
(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
(By a director, president or other officer – it directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed (idneigy by that fiduciary)
MICHAEL JEANVEGA
(Typed or printed name of person signing) PRESIDENT
(Title of person signing)