

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of S | tatus |
| Special Instructions to Filing Officer: | |
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07/21/17--01008--006 **35.00

JUL 27 2017

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: MVLA SERVI | CES CORF | D |
|--|---|--|
| DOCUMENT NUMBER: P16000075768 | • | |
| The enclosed Articles of Amendment and fee are submitt | ed for filing. | |
| Please return all correspondence concerning this matter to | o the following: | |
| LUCIA ESPINOZA | | |
| N | ame of Contact Po | erson |
| | Firm/ Company | , |
| 3322 W 97 St | Address | |
| Hialeah Gardens, Fl | L 33018 | |
| C | ity/ State and Zip | Code |
| info@accounting2easy. | | |
| E-mail address: (10 be used for | or future annual re | port notification) |
| For further information concerning this matter, please ca | • | |
| LUCIA ESPINOZA | at (786 | , 4614569 |
| Name of Contact Person | Are | a Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made paya | ble to the Florida | Department of State: |
| Certificate of Status | \$43.75 Filing Fee Certified Copy Additional copy is enclosed) | Certificate of Status |
| Mailing Address Amendment Section | Āi | reet Address nendment Section |
| Division of Corporations P.O. Box 6327 | | vision of Corporations ifton Building |
| Tallahassee, FL 32314 | 26 | 61 Executive Center Circle Illahassee, FL 32301 |

| Articles of Am | endment , |
|---|---|
| to Articles of Inco of | rporation 17 , the case of the state of the |
| MVLA SERVICES CORP. | 43 |
| (Name of Corporation as currently filed with the Flo | |
| P16000075768 | |
| (Document Number of Corporation (if | known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation: | Torida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation; | 1 |
| N/A | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "Page 18. Enter new principal office address, if applicable: | o A professional corporation name must contain the |
| Principal office address MUST BE A STREET ADDRESS) | Hialeah Gardens |
| • | FL 33018 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | 3322 W 97 St |
| | Hialeah Gardens |
| | FL 33018 |
| D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address: | ess in Florida, enter the name of the |
| Name of New Registered Agent LUCIA ESPINOZ | ZA |
| (Florida stree | eah Gardens Florida 33018 |
| New Registered Office Address: (City) | Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. [Finj familiar wi | ith and accept the obligations of the position |
| - Totale . | |
| Signaphre of New Registered As | vent if changing |

| address of each Officer (Attach additional sheet, Please note the officer/d P = President; V= Vice Executive Officer; CFO held, President, Treasur | and/or I s, if neces firector tit Presiden - Chief er, Direct | Director being added: (sary) (de by the first letter of the office title; (t) T= Treasurer; S Secretary; D D (Financial Officer, If an officer/direct (tor would be PTD) | f each officer/director being removed and title, name, and rector; TR= Trustee; C = Chairman or Clerk; CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is |
|---|--|--|--|
| a change, Mike Jones le | aves the c | | and S. These should be noted as John Doe, PT as a Change, |
| Example: <u>X</u> Change | <u>PT</u> | <u> Iohn Doe</u> | |
| X Remove | \underline{V} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | • |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | PEDRO MARCANO | 3322 W 97 St, |
| Add | | | Hialeah Gardens |
| Remove | | | FL 33018 |
| 2) Change | Р | LUCIA ESPINOZA | 3322 W 97 St, Hialeah Gag |
| ✓ Add | | | Hialeah Gardens |
| Remove | | | FL 33018 |
| 3) Change | <u>T</u> | CAROLINA SARCIN | A 3322 W 97 St, Hialeah Gag |
| Add | | | Hialeah Gardens |
| Remove | | | FL 33018 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | • | | |
| Add | | | |
| Remove | | | |

| • | |
|---|---|
| E. If amending or adding additional Articles, enter c | hange(s) here: |
| (Attach additional sheets, if necessary). (Be specifi | |
| N/A | |
| IN/A | |
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| F. If an amendment provides for an exchange, reclas | sification, or cancellation of issued shares, |
| provisions for implementing the amendment if no | ot contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
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| The date of each amendment(s) adoption: N/A date this document was signed. | _, if other than the |
|--|----------------------|
| NI/A | |
| Effective date if applicable: 1N/A (no more than 90 days after amendment file date) | _ |
| 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_07/11/2017 | |
| Signature | _ |
| (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) | |
| LUCIA ESPINOZA | |
| (Typed or printed name of person signing) | _ |
| PRESIDENT | |
| (Title of person signing) | |
| | |