P16000018





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MA AYBAR INC		
DOCUMENT NUMB	ER: P16000088218		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
l	.UIS M. AYBAR		
-	<u> </u>	Name of Contact Person	<u> </u>
M	MA AYBAR INC		
-		Firm/ Company	
4	716 S ORANGE BLOSS	OM TRAIL	
-		Address	
(ORLANDO, FL 32839		
-		City/ State and Zip Code	
JUAN	@JAYSACCOUNTING.CO	OM	
	~	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
LUIS M. AYBAR		407	990-2766 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MA AYBAR INC	_
(Name of Corporation as currently	iled with the Florida Dept. of State)
P16000088218	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F!</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	ı address)
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 wi	th and accept the obligations of the position. Grant Street 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP		ANYELO GONZALEZ	11640 SIR WINSTON WAY
Add				ORLANDO, FL 32824
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

famending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
				
				<u>.</u>
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an amendment provides for an excl	iange, reclassificat	ion, or cancellati	on of issued shar	·es,
provisions for implementing the ame	ndment if not cont	ained in the ame	ndment itself:	
(if not applicable, indicate N/A)				
	,			
	·			
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	1(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/17/2	2018	
Dated Signature	Luis Oylor	
sele	a director, president of other officer (if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other coonted fiduciary by that fiduciary)	n uri
	LUIS M. AYBAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	-