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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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C. GOLDEN MAR 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MC VALUE	INC		
DOCUMENT NUMBER:	P17000047540			
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all corresponde	ence concerning this ma	atter to the following	; :	
		MARCO MAI	RTINI	
		Name of Contac	t Persor	1
		MC VALUE	INC	
•	·	Firm/ Comp	oany	
	1	3499 BISCAYNE I	3LVD S	STE TS-1
		Address	 -	
		NORTH MIAMI,	FL 331	81
		City/ State and 2	Lip Code	e
	the	businessassistance(gmail.	com
- 1	E-mail address: (to be us	sed for future annua	l report	notification)
For further information conc	erning this matter, pleas	se call:		
SANTE VINCENZI		at (305	342-1242
Name of Cor	itact Person	,	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Flori	da Depa	artment of State:
S35 Filing Fee	2\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenciosed)	•	☐\$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 to Articles of Incorporation of

2018 417 13 57 3: 23

MC VALUE INC

	MC VALUE INC		
(Name of Corporati	ion as currently filed with the Flo	rida Dept. of State)	
	P17000047540		
(Docum	nent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corp.	oration adopts the foll	lowing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A professione		the abbreviation
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>	<u>=</u> <u>DRESS</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			•
		<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		er the name of the	
•	one address		
Name of New Registered Agent			
	(Florida street address)		
	(r toriaa street aaaress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(6.1,7)		(sup) Caracy
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent,	I am familiar with and accept the o	obligations of the posit	tion.
Sian	nature of New Registered Agent if c	hanaina	

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPT	FABRIZIO CARRAÇOI	13499 BISCAYNE BOULEVARD
X Add			SUITE TS-1
Remove			NORTH MIAMI, FL 33181
2) X Change	DS	MARCO MARTINI	13499 BISCAYNE BOULEVARD
Add			SUITE TS-I
Remove			NORTH MIAMI, FL 33181
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additie</i>	or adding additional onal sheets, if necessor	ry). (Be specific	c)			
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provisions fo	nent provides for an or implementing the opplicable, indicate No	amendment if no	stication, or car of contained in th	he amendment it	self:	
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	<u> </u>					

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.	02/28/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
hy	,,,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 02	128 12018 Micen Milan	
Signature .	Mun Munt	
selo	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	MARCO MARTINE	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	