Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : I20160000073

Phone : (305)967-6329

Fax Number : (305)470-7453

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MAPI TRADING CORPORATION

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453 From: Marili Cancio Johnson

DEC - 5 2019

TO: Amendment Section

## **COVER LETTER**

Division of Corp.	or attoris
NAME OF CORPORATION O	De Anaxora Si
Please return all corre	spondence concerning this matter to the following:
	Marili Cancio  Name of Contact Person  Marili Cancio Johnson PA  Firm/ Company  1395 Brickell Ave, Stute 650  Address  Mianu, FL33/3/  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida V ZayaS at ( 786 802-233)

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:

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is enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

☐\$52.50 Filing Fee

Tallahassee, FL 32303

	Articles of	Amendmen	<u> </u>		1.7	- <b>-</b>
	te Amtiolog of In	=				
(Name of C	Articles of Ir o Api Trac ornariation as curren	i ting	Corpor		<sup>2019</sup> MOY 27	PH 4:51
( <u>11876-51 3)</u>	PITADAD.	PRSM	0	<u> </u>		·
	(Document Number	of Corporati	on (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	s Florida Pr	ofit Corporation	adopts the foll	owing amendment	(s) to .
A. If amending name, enter the new name	of the corporation:				The new	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	," "Inc," or "Co".	A profession				
B. Enter new principal office address, if a (Principal office address MUST BE A STRI						
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)						
D. If amending the registered agent and/o new registered agent and/or the new re Nume of New Registered Agent			rida, enter the	name of the		
		·				
	(Florida s	ireei address,				
New Registered Office Address:		(City)		, Florida	(Zip Code)	
New Registered Agent's Signature, if chan	ging Registered Ager	nt:				
I hereby accept the appointment as registered	l agent. I am familiar	with and ac	cept the obliga	tions of the posi	tion.	
<u> </u>	Signature of New	Registered /	lgent, if changi	ng		

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 Doc
X Remove	<u>,Y</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	Title	Name Address
1) Change	AR	CIO Managementell 1395 Brickell Au
X Add		Suite 650
Remove	Κ.	Miami, FL 33/3/
2) Change	$\overline{D}$	Juan Carlos Ionu 9499 Collins Ave
Add		Apt 411
Remove 3) Change		Surfside, FL 33154
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	***	
Add		
Remove		
6) Change		· · · · · · · · · · · · · · · · · · ·
Add		
Remove		
		Page 2 of 4
		ional Articles, enter change(s) here:

	_ •	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the smendment if not contained in the amendment itself:  (If not applicable, indicate N/A)  Page 3 of 4  e date of each amendment(s) adoption:		
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2019-11-27 22:31:37 (GMT)

13054707453 From: Marili Cancio Johnson

\* To: Florida Dept of Corporations Page 6 of 7

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. (CHECK ONE) Adoption of Amendment(s) ☐ 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 (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 Signature (By a director, president profficer officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Title of person signing)