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2015 (2. 1.) (3. 2: 5)

Amend

SEP 1 9 2019 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	MF2 GROUP, COI	RP	
DOCUMENT NUMBER: P18			
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
LARISSA	A FABBRI		
<del>- 11,)-</del>	· · ·	Name of Contact Person	1
PROPER	FINANCIALS INC		
<del></del>		Firm/ Company	
7635 ASI	ILEY PARK CT SU		
		Address	
ORLANI	OO, FL 35835		
		City/ State and Zip Code	2
lariceatabhri (On	roperfinancials.com		
7.	_	ed for future annual report	potification
L-1114	in address. (to be us	eco for fatare animai report	normeanony
For further information concerni	ng this matter, pleas	e call:	
LARISSA FABBRI		at (321	299-9403 
Name of Contact Person Area Code & Daytime Telephon		de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & rtificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MF2 GROUP, CORP

	(Name of Corporation as currently filed with the Florida Dept. of State)	( <u>N</u> :	
		000012770	
	(Document Number of Corporation (if known)		
nendment(s) t	ovisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following orporation:	suant to the provisions of section Articles of Incorporation:	
	name, enter the new name of the corporation:	If amending name, enter the ne	
	istinguishable and contain the word "corporation," "company," or "incorporated" or the a or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must " "professional association," or the abbreviation "P.A."	orp.," "Inc.," or Co.," or the de	
	incipal office address, if applicable: address MUST BE A STREET ADDRESS )		
		C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2:51	the registered agent and/or registered office address in Florida, enter the name of the ed agent and/or the new registered office address:		
	New Registered Agent PROPER FINANCIALS INC	Name of New Registered As	
	7635 ASHLEY PARK CT SUITE 503-E		
	(Florida street address)		
	· · · · · · · · · · · · · · · · · · ·	New Registered Office Addi	
9	(City) (Zip)		
	Agent's Signature, if changing Registered Agent: e appointment as registered agent. I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing		
•)	7635 ASHLEY PARK CT SUITE 503-E  (Florida street address)  ORLANDO  (City)  Agent's Signature, if changing Registered Agent: we appointment as registered agent. I am familiar with and accept the obligations of the position.	<u>New Registered Office Addi</u> v Registered Agent's Signature	

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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	<b>P</b>	PICCOLI, MAURICIO	6220 S ORANGE BLOSSOM TRL		
Add			STE 400		
X Remove			ORLANDO, FL 32809		
2) Change	P	MONTEIRO F ROCHA, SANDRO	7025 SCARLET IBIS LN		
X Add			WINTER GARDEN, FL 34787		
Remove					
3) Change					
Add			-		
Remove			<u></u>		
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	its, if necessary),	(Be specific)			
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If an amendment prov	vides for an exch	ange, reclassific	ation, or cancellat	<u>ion of issued shar</u> endment itself:	<u>es.</u>
If an amendment property provisions for imples	menting the ame	ange, reclassific ndment if not co	ation, or cancellat ntained in the am	ion of issued shar endment itself:	<u> </u>
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provisions for impler	menting the ame	ange, reclassific	ation, or cancellad	ion of issued sharendment itself:	res.

The date of each amendment(s)	ıdoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
09/04/201	9	
Dated		
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	MAURICIO PICCOLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	