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## COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARKETING IN	TERNATIONAL GROUP	SERVICES, INC		
	BER: P18000039689				
The enclosed Article	v of Amendment and fee are st	ibmitted for filling.			
Please return all corre	espondence concerning this ma	itter to the following:			
	RUBY RENEE CORREA				
	Name of Contact Person				
	MARKETING INTERNATIONAL GROUP SERVICES, INC				
		Firm <sup>e</sup> Company			
	11522 84TH STREET CIRC	LE EAST UNIT 103			
		Address			
	PARRISH FL 34219				
	· · · · · · · · · · · · · · · · · · ·	City- State and Zip Coc	le		
ECOC	correa812@gmail.com		,		
	<del>-</del> -	sed for future annual repor	t notification)		
For further information	on concerning this matter, pleas	041	2283136		
Name of Contact Person		at ( <u>741</u> Area C	ode & Daytime Telephone Number		
Unclosed is a check f	or the following amount made				
■ \$35 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)		
	niling Address	Street Address			
	sendment Section Assen of Corporations	Amendment Section Division of Corporations			
	), Box 6327	Clifton Building			
Fallahassec, 14, 32314			Executive Center Circle		
		Lallahassee, FL 32301			

## Articles of Amendment ŧo Articles of Incorporation of

MARKETING INTERNATIONAL GROUP SERVICES INC.

(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000039689	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607,4006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) (
A. If amending name, enter the new name of the corpor	ation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation ne," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11522 84TH STREET CIRCLE EAST
(Principal office address MUST BE A STREET ADDRES	<u>UNIT 103</u>
	PARRISH, FL 34219
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	UNIT 103
	UNIT 103 G G
	PARRISH, FL 34219
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	ffice address in Florida, enter the name of the
KEEP REGISTE	ERED AGENT AS RUBY RENEE CORREA
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	. Florida
New Registered Office Authors.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position
Vian anno	of New Registered 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: I. Treasurer, S. Secretary: D. Director, TR. Trustee, C. Chairman or Clerk, CEO. Chief Executive Officer, CEO. Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Freusurer, 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: <u>X</u> Change	<u>P1</u>	John Doc	
X Remove	<u>7.</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	REUBEN M LABRADO	9853 MYRTLE CREEK DR
Add			UNIT 203
X Remove			RIVERVIEW, FL 33578
2) Change			
\dd			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	****	_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) — (Be specific)
UPDATE EMAIL ADDRESS AS: renecorrea812@gmail.com
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable indicate N.A)

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		A+++
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this durtment of State's records.	are will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(8)
	oved by the shareholders through voting groups. The tollowing statem each voting group entitled to vote separately on the amendment(s)	KHI
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
RUBY RENEE CORRI	ξ <b>Λ</b>	
	(voting group)	
☐ The amendment(s) was were adopaction was not required.	sted by the board of directors without shareholder action and sharehold	ler
■ The amendment(s) was:were adopted action was not required.	sted by the incorporators without shareholder action and shareholder	
06/13/2018		
Dated Signature	by Role Corroac	
selected	rector, president or other officer – if directors or officers have not been by the incorporator – if in the hands of a receiver, trustee, or other could liduciary by that fiduciary)	
	RUBY RENEE CORREA	
-	(1 yped or printed name of person signing)	<del></del>
	PRESIDENT	
-	(Title of person signing)	