## P19 0000 48573

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MANDALA NVC	CORP	
DOCUMENT NUM	BER: P19000048573		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARIA C MARTINEZ		
		Name of Contact Person	<u> </u>
	MANDALA NVC CORP		
		Firm/ Company	
	1101 BRICKELL AVE SOU	TH TOWER 8 FLOOR	
	-	Address	
	MIAMI, FL 33130		
		City/ State and Zip Cod	e
nina	serhe@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARIA C MARTIN	EZ	at (	504-7165
Name of Contact Person		at ( 917 ) 504-7165  Area Code & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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 to Articles of Incorporation of

MANDALA NVC CORP

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P19000048573	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	Thenew
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	FILET
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	<u></u>
	(Florida street address)
New Registered Office Address:	(City) , Florida
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
	er 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; 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>	<u>Name</u>	Address	
1) Change	S	ONDINA NASER	1101 BRICKELL AVE	
Add			SOUTH TOWER 8 FLOOR	
X Remove			MIAMI, FL 33130	
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add			<del></del>	
Remove				
5) Change				
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6) Change				
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f an amendment	provides for an ex	change, reclassif	ication, or cancel	lation of issued sh	ares.	
<u>provisions for i</u> m	plementing the an able, indicate N/A)	nendment if not o	contained in the a	mendment itself:	<u></u>	
(ly non tippinet						
· <del>-</del> ·				<u></u>		
-				•		

	09/24/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
09/	24/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after am	endment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory fepartment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of vote officient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting group entitled to vote separately	aps. The following statement on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for a	approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareho	older action and shareholder
action was not required.  09/24/201  Dated  Signature  (By 4/2)	popted by the incorporators without shareholder  cettor/president or other officer – if directors  by an incorporator – if in the hands of a rece  diduciary by that fiduciary)  ONDINA NASER	or officers have not been
	(Typed or printed name of person	signing)
	SECRETARY	
	(Title of person signing	g)