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JUN 29 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MANZI METALS, INC. DOCUMENT NUMBER: P93000059310 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Processing Department Name of Contact Person My Corporation Business Services, Inc. Firm/ Company 23586 Calabasas Road, Suite 102 Address Calabasas, CA 91302 City/ State and Zip Code processing@mycorporation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Processing Department** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MANZI METALS, INC.			_	
(Name of Corporation as currently	y filed with the Florida Dept.	of State)		
P93000059310			_	
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	ig amendi	nent(s) to
A. If amending name, enter the new name of the	corporation:			
			uud Saare C. C.S.	20
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co- word "chartered," "professional association," or t	orp," "Inc," or "Co". A profe the abbreviation "P.A."			配 图
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A			- 170	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			CORD STATE	AH 11: 33
D. If amending the registered agent and/or registered agent and/or the new registered	ed office address:			
Name of New Registered Agent				
The transfer of the transfer o	(Florida street address)	Parks waters, spage, required that the spage, at a		
New Registered Office Address:		, Florida	-	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t. I am familiar with and accep			
Signature of	New Registered Agent if chang	ring		

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> </u>	John De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VSD		Louis K. Manzi	15293 Flight Path Drive
Add				Brooksville, FL 34604
Remove				
2) Change				
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				,auta-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nauge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
·	

Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated6_	-15-15 1 / (h)	
Signature	rector, president or other officer - If directors or officers have not been	
(By a di	rector, president or other officer — If directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Barbara Manzi	
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	