P96000016600

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500146745635

anew

03/25/09--01010--019 **35.00

FILED

1009 MAR 25 PH 3: 54

SECRETARY OF STATE
SECRETARY OF STATE

ASP 3 127/109

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOYN	A PROPERTIES INC						
DOCUMENT NUMBER: P 9600	00/6600						
The enclosed Articles of Amendment and fee are su	ubmitted for filing.						
Please return all correspondence concerning this matter to the following:							
DAWN MOYNI (Name of Co	entact Person)						
MOYNA PROPER	ETIES INC						
(Firm/ C	Company)						
621 NW 53	St Suite 390 tress)						
	FL . 33487						
For further information concerning this matter, please call:							
DAWN MOYNA (Name of Contact Person)	at (56/) 27/ 1822 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount made	payable to the Florida Department of State:						
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee . Certified Copy Certificate of Status (Additional copy is enclosed) 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						

FILED

2009 MAR 25 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

MOYNA PROPERTIE	IS INC.	
(Name of Corporation as currently filed	d with the Florida Dept. of Stat	<u>e</u>)
P 960000160	600	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Floridate following amendment(s) to its Articles of Incorporation:		Corporation adopts the
A. If amending name, enter the new name of the corp	poration:	
The new name must be distinguishable and contonicorporated" or the abbreviation "Corp.," "Inc.," ("Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation "C	Corp," "Inc," or
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	-
	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.		t the obligations of the
Signature	of New Registered Agent, if char	nging
n.	4 42	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>			Address		<u>T</u>	ype of Ac
IICE PK	ESIDENT 1	PATRICK	<u>17</u> 70 Y	4898 K	VW 5 1 A70N	IVE C	Add Remov
					3 30	<i>131</i>	Add Remov
			_				Add Remov
			_				Remov
E. <u>If amen</u> (attach a	<mark>ding or adding ac</mark> dditional sheets, ij	<mark>dditional Article</mark> f necessary). (L	s, enter ch Be specific,	nange(s) hero)	<u>e</u> :		
							
F. If an a	mendment provid	tes for an exchar	nge, reclas	sification, o	r cancellatio	on of issued	l shares,
<u>provisi</u>	mendment provid ons for implemen not applicable, ind	ting the amendr	nge, reclas	sification, o	r cancellation	on of issued	l shares,
<u>provisi</u>	ons for implemen	ting the amendr	nge, reclas	sification, o	r cancellatio	on of issued	l shares,
<u>provisi</u>	ons for implemen	ting the amendr	oge, reclas	sification, o t contained	r cancellation	on of issued	l shares, if:
<u>provisi</u>	ons for implemen	ting the amendr	nge, reclas	sification, o	r cancellation	on of issued	l shares,
<u>provisi</u>	ons for implemen	ting the amendr	nge, reclas	sification, o	r cancellation	on of issued	l shares,
<u>provisi</u>	ons for implemen	ting the amendr	nge, reclas	sification, o	r cancellation	on of issued	l shares,

The date of each amendment(s) adoption: $3 - 23 - 09$
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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
by'''
by" (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.
Dated3/23/09
Signature
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
PRESIDENT. (Title of person signing)
(Title of person signing)