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| (Re                                     | equestor's Name)   |      |  |  |
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| PICK-UP                                 | WAIT               | MAIL |  |  |
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| Certified Copies Certificates of Status |                    |      |  |  |
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| Special Instructions to                 | Filing Officer:    |      |  |  |
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SECRETARY OF STATE
TALLAHASSEF ELOBIA

in the

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CO        | PRPORATION:                    | M.N.P.                    | Assoc                                                                             | IATES                                   | CORP                                                                                                |
|-------------------|--------------------------------|---------------------------|-----------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT          |                                |                           | 0 1580                                                                            |                                         |                                                                                                     |
| The enclosed A    | rticles of Amendme             | nt and fee are su         | bmitted for filing                                                                | <b>3</b> .                              |                                                                                                     |
| Please return all | correspondence co              | ncerning this ma          | tter to the follow                                                                | ing:                                    |                                                                                                     |
| _                 | MANIVEL                        | PEREZ<br>(Name of Co.     | ntact Person)                                                                     | *************************************** |                                                                                                     |
|                   | M.N.P.                         | ASSOC1,                   | ATES (CO                                                                          | OK P.                                   |                                                                                                     |
|                   | 748                            | PLACID (                  | AKES B                                                                            | LVD.                                    |                                                                                                     |
|                   | LAKE PZ                        | ACID F<br>(City/ State ar | L · 3386<br>d Zip Code)                                                           | ,7                                      | <del></del>                                                                                         |
| For further infor | mation concerning              | his matter, pleas         | e call:                                                                           |                                         |                                                                                                     |
| MANUEL            | TENEZ  ame of Contact Person)  |                           | at (863)<br>(Area Code                                                            | 465-<br>& Daytime Tel                   | 4 077<br>ephone Number)                                                                             |
| Enclosed is a ch  | eck for the following          | g amount:                 |                                                                                   |                                         |                                                                                                     |
| \$35 Filing Fee   | Certificate of                 |                           | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed)            |                                         | □ \$52,50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Division P.O. Box | ent Section<br>of Corporations |                           | Street Address Amendment Sect Division of Corpe Clifton Building 2661 Executive C | orations                                |                                                                                                     |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

OS OF THE ON S. S. W. O.S. S. Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ESTHER PEREZ AS VICE PRESIDENT ADD) (Attach additional pages if necessary) If an amendment provides for 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)

(continued)

| The date of each amendment(s) adoption: 10-0/- 2005                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: 10-01-2005 (no more than 90 days after amendment file date)                                                                                                                                                                                                                                                               |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                                                                                                                                                    |
| The amendment(s) was/were approved 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                                                                                                                                                                                                                                                                      |
| (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.  Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| MANUEL PEREZ  (Typed or printed name of person signing)  DIRECTOR PRESIDENT SECRETARY TREASURER  (Title of person signing)                                                                                                                                                                                                                              |
| (Title of person signing)                                                                                                                                                                                                                                                                                                                               |

FILING FEE: \$35