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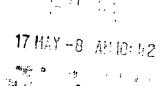
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARCONI INTER	RNATIONAL UNIVERIST	Y INC.
DOCUMENT NUMBER: P14000062140		· "
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MARIA COSTANZA BARE	DUCCI	
 	Name of Contact Person	1
	Firm/ Company	
2 S. BISCAYNE BLVD., SU	ITE 3760	
	Address	
MIAMI, DL 33131		
	City/ State and Zip Code	}
MC@BARDUCCILAW.COM		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas		,
Name of Contact Person	at (Area Coo	_) le & Daytime Telephone Number
Enclosed is a check for the following amount made		
□ \$35 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 ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARCONI INTERNATIONAL UNIVERSITY INC

WARCONI INTERNATIONAL UNIVE	MSITT INC.		, i
(Name	of Corporation as	s currently filed with the Flo	rida Dept. of State)
P14000062140			
	(Document l	Number of Corporation (if kno	own)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Stat	utes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corpor	ration:	
name must be distinguishable and con "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	nation "Corp," "I	nc," or "Co". A professione	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		<u></u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent an new registered agent and/or the new			<u>r the name of the</u>
Name of New Registered Agent	MARIA COSTA	NZA BARDUCCI	
name of the neglected right	2 S. BISCAYNE	BLVD., SUITE 3760	
	(1	Florida street address)	
New Registered Office Address:	MIAMI		, Florida 33131
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	lered agent. I am	familiar with and accept the o	<u>ح</u> ــــــــــ
1	Signature	of New Registered Agent, if c	hanging

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>	Name	<u>Addres</u> s
1) Change	CEO	PIETRO ALFANO	111 NE 1ST ST.
Add			6TH FLOOR
X Remove			MIAMI, FL 33132
2) Change	CEO	LAURA RICCI	111 NE 1ST ST.
X Add			6TH FLOOR
Remove			MIAMI, FL 33132
3) Change			
Add			
Remove			-
4)Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			 .
6) Change			
Add			
Pamaya			**************************************

	or adding additional a onal sheets, if necessar	y). (Be specific)			
					
	<u> </u>				
		<u> </u>			
					· · · · · · · · · · · · · · · · · · ·
					
			 .		
					
f an amendn	nent provides for an e	exchange, reclassific	ation, or cancellat	ion of issued share	·s,
provisions fo	or implementing the a oplicable, indicate N/A	mendment if not co	ntained in the am	endment itself:	_
(у ногар	рисите, такие пол	,			
	 				
					
			<u> </u>		

	, 04/27/2017	
The date of each amendment(s) at date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated		
Signature	irector, president or other officer – if directors or officers have not been	_
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	flower Costerna Bardia	
	(Typed or printed name of person signing)	
	MERIA COSTANZA BARDUCLI	
	(Title of person signing)	