## G49528

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APR 23 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MYRKOS.	INC.
DOCUMENT NUMBER: G49528	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sofia Powell-Cosio, Esq.	
	Name of Contact Person
SOFIA POWELL-COSIG	O, P.A.
	Firm/ Company
1200 Brickell Ave., Suite	2 520
	Address
Miami, FL 33131	
	City/ State and Zip Code
spcmgmtservices@gmail	l.com
	pe used for future annual report notification)
For further information concerning this matter, p	please call:
Sofia Powell-Cosio	at (305) 579-9988
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

	Articles of Am	iendment	,	
	to Articles of Inco of	rporation	To of State)	10
MYRKOS INC.				5 1/11
(Name o	of Corporation as currently	filed with the Florida De	ot. of State)	E C
G49528				<u>ب</u>
	(Document Number of	Corporation (if known)		0/
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amend	lment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbreviation "Corp name must contain the w	ord
B. Enter new principal office address,	if applicable:	1200 Brickell Ave., Suite	: 520	
(Principal office address MUST BE A S		Miami, FL 33131		_
				<del>_</del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		1200 Brickell Ave., Suite	2 520	
		Miami, FL 33131		_
				_
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address:	ess in Florida, enter the na	nme of the	
Name of New Registered Agent	SPC MANAGEMENT SER	RVICES INC.		
	(Florida stree 1200 BRICKELL AVE. SU		22121	
New Registered Office Address:		City)	_, Florida 33131 (Zip Code)	_
	(\	CHAY	сыр соцеј	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	ns of the position	
- yy	age I am jamilar in	was accept the vongano	na of the position.	
<del></del>	Signature of New Res	gistered Agent, if changing		
	9 9			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

<u>.x Change</u>	<u>F 1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change		<del></del> .	<del></del>
Add			
Remove			
2) Change			<del></del>
Add			
Remove Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
New Address for Corporation and Registered Agent
<del></del>
F. If an amendment provides for an 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)

.

The date of each amendment(s) date this document was signed.		, if other than the
M Effective date <u>if applicable</u> :	arch 6, 2020	
Effective date it applicable.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
A	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
March 4.	2020	
DatedSignature	OF AMANA	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Fernando A. Cosio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	