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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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2015 HAY 21 AN 3: UZ
SECRETARY OF STATE
TAIT ANASSEE, FLORIDA

MAY 2.7 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MIA'S Froze DOCUMENT NUMBER: P140000 79	N Yogurt
DOCUMENT NUMBER: P (0000 1	/// (1
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	
MARC William	5
MIA'S Froz	en Voguet Firm/ Company
14036 NW	Firm/Company) 3cd Avenue
	Address FL 33 168 / State and Zip Code
	State and Zip Code SECOZEN YOR UPT. COM Future annual report hotification)
For further information concerning this matter, please call:	
MARC Williams	at (786) 525-5835 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Ce (Ac	3.75 Filing Fee & rtified Copy Iditional copy is closed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	gurt In	<u> </u>			
(<u>Name of Corporati</u>	of as currently i	iled with the Florida De	ept. of State)		2
17140000 79119	₹.			≥ (Ω	210
(Docun	nent Number of C	orporation (if known)			MAY
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the follow	ingramen	di <u>lje</u> jit
A. If amending name, enter the new name of the co	orporation:			FLORE	ಸ ಬ ೦
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co	". A professional corpo			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI					<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)				— — —
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the n	ame of the		
Name of New Registered Agent					
	(Florida street	address)		_	
New Registered Office Address:			. Florida		
New Registered Office Address.	(C	ity)	,	p Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the obligati	ons of the position	1.	
Sien	nature of New Rev	istered Agent, if changin,	2		

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: <u>X</u> 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>	4	Address
1) Change	VP	Gisselle Williams	14036 N.W. 30d Avenue
Add		-	MiAn: FL 33168
Remove		-	
2) Change			
Add		-	
Remove		-	
3) Change		-	
Add		-	
Remove		-	
4) Change			
Add		-	
Remove		-	<u> </u>
5) Change			
Add		-	
Remove		-	
6) Change			
Add		<u>-</u>	
Remove		_	

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	

he date of each amendment(s) adoption:, if other this document was signed.	than the
ffective date if applicable: 5-15-15	
ffective date if applicable: 5-15-15 (no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ocument's effective date on the Department of State's records.	d as the
doption 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" (voting group)	
(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.	
Dated	
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)	
Marc Willians (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	