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COVER LETTER

Division of Corporations	E	
NAME OF CORPORATION: MRS	melico/ bic	
DOCUMENT NUMBER: 8/6/A000	26593	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Lamena Fr	Name) of Contact Person	
6099 1120 10	Sumpise Blue Sente All	
	Address	
Dunkse 19	1/333/3	
,	City/ State and Zip Code	
RPKORBAQN	1R. SWELICA L. Com ed for future annual report notification)	
is man address. (to be use	ter factor annual report notine and	
For further information concerning this matter, please	e call:	
RAMMA PEREZ XUSKA	at (954) 383-2775	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address Amendment Section	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, Fl. 32314	Clifton Building 2661 Executive Center Circle	
1 anandoso, 1 17 000 17	Tallahassec, FL 32301	

Articles of Amendment to Articles of Incorporation Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address: Name of New Registered Agent lorida street address) New Registered Office Address: (City)

New Registered Agent's Signature, if Changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Damaya			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g nor appneaute, maneute ture)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other than the
Effective date if applicable: 1/24/17	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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" (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 1/26/17	
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)	
Michael St. Surin (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Owner/President	
(Title of person signing)	