747987

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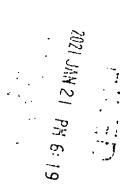
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MAR 0 4 2021 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Middle Rive	Ville, Cordonismo, he
DOCUMENT NUMBER: 747987	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
A·la	(Name of Contact Person)
	(Ivaline of Contact i crossi)
	(Firm/ Company)
2890 W Dollard Pa	Le Blad, Suite 112
	(Address)
Ft. Canolidale	(City/ State and Zip Code)
	(City/ State and Zip Code)
Alexander Oja	nd Smanagement. Com d for future andual report notification)
For further information concerning this matter, please	e call:
Alexander Ludwig	at 954 536 6056 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statiamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	ration" or "incorporated or the ubbreviation	"Corp. or inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>s</u>)	,
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		272
		JAN 2
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	e address:	. 65
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	1
	(City) (Zip)	Code)
New Registered Agent's Signature, if changing Registered levels the appointment as registered agent. I am	ed Agent: familiar with and accept the ohligations of the p	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 X Remove A Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title Byeck	Name (<u>Addres</u> s
1) X Change Add	_ <i>G</i>	Jonathan Winn	815 Middle Rive Drive, 103 H. Landdole, FL 3372:
Remove			
2) Change Add	ST	Jerome Guyan	P15 Middle River Vive, 301 Ft Candredde, F1 33:04
Remove 3) Change Add Remove			
4) Change Add	,,		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho		ticles, enter change(s) here: (Be specific)	
			·

		· - · · · ·
		
		
		
		if other than the
date this document was signed.		, it other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amend	ment(s)

adopted by the	board of directors.
Dated	1-20-2021
Signa	(By the Chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	treasurer - current
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were