F971048

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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	_	Montia Corp.	
DOCUMENT NUMB	ER:	-97048	·····
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Bri	Name of Contact Person	
		Firm/ Company	
	3225	Aviation A	ve, Ste 500 33/33
	. M:	aun. FL	33(33
		City/ State and Zip Code	
	E-mail address: (to be us	LASO DSMG	S-CDa.Cow notification)
For further information	concerning this matter, pleas	se call:	
	Route	at(_305_	1946 - 2957 de & Daytime Telephone Number
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
\$35 Filing Fee	\$43.75 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)
	ing Address	· · · · · · · · · · · · · · · · · · ·	Address
	ndment Section		ment Section
	sion of Corporations		n of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Montion Cos	
(Name of Corporation as currently	filed with the Florida Dept. of State)
F97NL	<u> </u>
(Document Number of C	10
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI	
its Articles of Incorporation:	oriua rroju corporation adopts the following amendment(s) is
A. If amending name, enter the new name of the corporation:	·
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
	20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling dualess MAT BE A POST OFFICE BOA)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	W " *
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	iiy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	ristered 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u> s
1) K Change	DPT	Maria E O'Rourke	500 S. Dixie Highwa
Add			Ste 203
Remove			Coral Gables, FL33146
2) Change	DPT	John O'Rourke III	SDO S. Dixre Highway
AddRemove			Str 203 Coral Gables, FL 33146
3) Change			
Add			4-11-11-11-11-11-11-11-11-11-11-11-11-11
Remove			
4) Change			
Add			
5)Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

•	tional sheets, if nec	essary). (Be spe	r change(s) here: cific)			
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If an ameno	iment provides for	r an exchange, rec	lassification, or ca	ncellation of issued	shares,	
provisions	for implementing applicable, indicate	the amendment if e N/A)	'not contained in t	ncellation of issued he amendment itsel	<u>6</u>	
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The date of each amendment(s) adoption: 62/02/2019 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (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 vidocument's effective date on the Department of State's records.	vill 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	
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 02/03/2017	
Signature (By a director, president or other officer = if directors or officers have not been	
(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)	
Maria E. O'Rourke (Typed or printed name of person signing)	**************************************
(Title of person signing)	
(Title of person signing)	