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Division of Corporations

Fax Number : (850) 617-6380

From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MILANS MACHINE SHOP & WELDING, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Milans Machine Shop & Welding, Inc. The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Jan Paris Name of Contact Person Milans Machine Shop & Welding, Inc. Firm/ Company 8052 NW 56 Street Address Miami, Florida 33166 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elizabeth Lopez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee 2543.75 Filing Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Cartified Copy unclosed) (Additional Cupy is enclosed) Malline Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Igcorporation of

| | as currently filed with the Floridg Dept. of | <u>(State)</u> |
|---|---|--|
| (04682 | | |
| (Docume | ant Number of Corporation (if known) | |
| resumnt to the provisions of section 607 Articles of Incorporation: | 7.1006, Florida Stantes, this <i>Plarida Profit</i> (| Corporation adopts the following ame |
| If amending name, enter the new n | name of the corporation: | |
| | | The |
| ome must be distinguishable und con Corp.," "Inc.," or Co.," or the design ard "chartered," "professional associa | ntain the word "corporation," "company, nutrion "Corp." "Inc." or "Co". A profess atton," or the abbreviation "P.A" | or "incorporated" or the abbrevisional corporation name must contain |
| . <u>Enter new principp) office address</u> rincipal office address <u>MUST BE A S</u> | | |
| | | |
| Enter new mailing address, if ann | ilicah)e: | |
| (Mailing address MAY BE A POST | OFFICE BOX) | |
| • | | |
| • | | |
| If amending the registered agent a | nd/or registered office address to Florida. | unter the name of the |
| new registered as out and/or the ne | | |
| Name of New Registered Agent | | |
| | 8052 NW 56 STREET | |
| | (Floridu street address) | • |
| | | 00466 |
| New Revisioned Office Address | MIAMI ELOPIDA | Florida 33166 |

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15 APR -9 AM 7: 56

| nidress of each Office (Attach additional she Please note the officer P = Prosident; V= Vi Executive Officer; CF held. President, Trease Changes should be no | er and/or Directs in faccess and director title ce President: FO = Chief Figurer, Director ted in the folio leaves the corporate of the corpo | rector being added: ry) by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; T nancial Officer. If an officer/director holds n would be PTD. owing manner. Currently John Doe is listed a poration, Sally Smith is named the V and S. T | Re-Trustee: C = Chairman or Clerk: CEO = Chief nore than one title, list the first letter of each affice is the PST and Mike Jones is listed as the V. There is here should be noted as John Doe, PT as a Change, |
|---|--|---|---|
| X Change | <u>PT</u> | John Doe | |
| X Remove | Y i | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| i) Change | DPT | JAN PARIS | 8052 NW 56 STREET |
| Add | | | MIAMI, FLORIDA 33166 |
| Remove | | | |
| 2) Change | DPT | MILAN BARANEK | 8052 NW 56 STREET |
| Add | | | MIAMI, FLORIDA 33166 |
| Remove | | | |
| 3) Change | DS | EVA BARANEK | 8052 NW 56 STREET |
| Add | | | MIAMI, FLORIDA 33166 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | ···· | | |
| Remove | | | |
| T VEIMONE | | | |

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| 100 | rticles, enter change(s) hern; |
|--------------------------------------|--|
| ach additional shouts, if necessary) |). (Be specific) |
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| amendment provides for an exc | change, reclassification, or cancellation of issued shares, sondment if not contained in the amendment itself: |
| (if not applicable, Indicate N/A) | soldment it lift contained in the Milentinent (itself. |
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| The date of each amendment(*) at date this document was signed. | loption: | if other than the |
|---|---|-------------------|
| Effective date if applicable; | | |
| Salective order it statisticanie: | (no more than 90 days after amendment file date) | _ |
| Adaption of Amendment(s) | (CHECK ONE) | |
| The arrendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cart for the amendment(s) fifeient for approval. | |
| | goved by the shareholders through voting groups. The following statement 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 | |
| Ъу | | |
| | (voting group) | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| Dated MARCH | 19, 2015 | |
| Signature / | | |
| (Bý a di | rector, president or other afficer - if directors or officers have not been | _ |
| | t, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | MILAN BARANEK | |
| • | (Typed or printed name of person signing) | |
| | PRESIDENT/DIRECTOR | |
| • | (Title of person signing) | |

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