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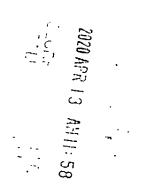
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Certified Copies	_ Certificates	of Status
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O SIMMONS
APR 23 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MOTTOWN BIOG INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CYNTAIA MAZZAWI Name of Contact Person MAZZAWI BICG Firm/ Company 2400 GW 27 CIT Address MIAMI, FL 33133 City/ State and Zip Code CONTACT C CALLY DECAMARICE Place CONT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEHO PITTO at (305) 337-7707 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:
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2020 AFR	13	AH	11:	50

			LUZU AFR	13 AMIL 50
(Name of Corporation	as currently filed	with the Florida	Dept. of State)	
Mazzawi	1 6100	INC		3
(Documen	it Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florid	ı Profit Corporat	tion adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corp	ooration:			
		** ***		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A profe			
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>ESS</u>)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	l			
(•		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		Florida, enter tl	he name of the	
Name of New Registered Agent				
	(Florida street ada	ress)		
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered agent. I a	ım Jamıttar with ar	d accept the oblig	gations of the po	sition.
Signatu	ire of New Register	ed Agent, if chan	ging	
	g Garage	G 49	o ⁻o	
Check if applicable The approximation is for being filed purposed to a 600	7.0120.7117.7.5.5	•		
☐ The amendment(s) is/are being filed pursuant to s. 60°	7.0120 (11) (c), F,) .		

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	¥	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Gteven Mazzawi	7400 SW 27 St.
Add			· 8
Remove			-
2) Change			
Add			
Remove Change			
Add			
Remove			<u>. </u>
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
	2020 AFR 13 AFF 11:5
	10 APT //: 5
If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe (if not applicable, indicate N/A)	or cancellation of issued shares, ed in the amendment itself:

	option:	, if other than the
late this document was signed.		-
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file	e date 2020 APR 13 AH 11: 58
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	'
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without s	chareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sul	oted by the shareholders. The number of votes east for the ficient for approval.	he amendment(s)
must be separately provided for a	roved by the shareholders through voting groups. The feech voting group entitled to vote separately on the ame	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
(By a di selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
-	CEO	
	(Title of person signing)	