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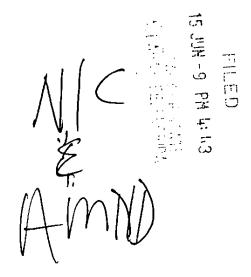
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WALDORF INTERNATIONAL, INC
DOCUMENT NUMBER: MOLOOOO 3344
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
WALDORF INTERNATIONAL, Inc.
8601 5.W. 199 Rt. Address
Mami FL 33189 /City/State and Zip Code
admin @ WALDOR F Of MiAMi, ORG. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 278-3285 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment.

to

Articles of Incorporation of

	national School, Inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
no 1000003344	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
MIKAEL INTERNATI	onal Octool In Chenew
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	86015.W. 1995+.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MiAMI FL 33189
	AA.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The CT
(Maning danies Maning De M	The state of the s
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent:	ulia Celie
θ	8790 S.W. 213 FERRES
	(Florida street address)
New Registered Office Address:	1// 1/2 0
CV	TLER BAY, Florida 33189
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	nilitr with and accept the obligations of the position.
х .	
Si _l	mature 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 X Add	PT John J V Mike SV Sally		
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	PD	Yvonne Cumming	8601 S.W. 199st Mami, FL 33189
2) Change Add Remove	KSD	RICHARD D. Cumming	8601 S.W 199Rt Mani, FL 33189
3) Change Add Remove	D	Limothy MADARAS	8601 S.W 199,Pt Mami, FL33189
4) Change Add Remove	D	SA BRINA GAGNON	8601 S.W. 199Pt Mani, F1 33189
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each amendment(s) adoption date this document was signed.	otion: <u>6 4</u>	. 2015.	, if other	r than the
Effective date if applicable:	(no more than 90 de	2015 ays after amendment file date		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 de	ays after amendment file date	<i>y</i>	
Note: If the date inserted in this block document's effective date on the Depa			nents, this date will not be listed a	s the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and	d the number of votes cast for	the amendment(s)	
☐ There are no members or member adopted by the board of directors		amendment(s). The amendm	nent(s) was/were	
Dated <u>6 · 4</u>	2015			
Signature X	f	7		
have not been		be board, president or other c rator – if in the hands of a rec t fiduciary)		
	JULIA C	FLIE		
	(Typed or p	printed name of person signin	g)	
	DIRE	<u> </u>		
		(Title of person signing)		