

NO900005804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100161418051

10/13/09--01042--009 **52.50

FILED

2009 NOV -2 AM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A/C
[Signature]

11-309



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2009

DESIR KITTLY
BISCAYNE WELLNESS TRAINING ACADEMY INC
13899 BSCAYNE BLVD 155
NORTH MIAMI BEACH, FL 33181

SUBJECT: BISCAYNE WELLNESS TRAINING ACADEMY, INC
Ref. Number: N09000005804

We have received your document for BISCAYNE WELLNESS TRAINING ACADEMY, INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 009A00033024

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BISCAYNE well rest training Academy, Inc

DOCUMENT NUMBER: NO9000005804

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KITLY DESIR
(Name of Contact Person)

(Firm/ Company)

7600 Embassy Blvd
(Address)

Micanor FL 33023
(City/ State and Zip Code)

KITLY03@aol.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2009 NOV -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hanotte Bozile Registered Agent (Name of Contact Person) (305) 304 9595 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status 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

BISCAYNE WELLNESS TRAINING ACADEMY INC
(Name of Corporation as currently filed with the Florida Dept. of State)

NO9000005804

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MAKY TECHNICAL INSTITUTE, INC

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13899 BISCAYNE BLVD #155
NORTH MIAMI BEACH
FL 33181

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7600 EMBASSY BLVD
MIRAMAR FL 33023

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: 10-8-2009
(date of adoption is required)

Effective date if applicable: IMMEDIATELY
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature _____
(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)

KITLY DESIRE
(Typed or printed name of person signing)

President
(Title of person signing)