

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000143496 3)))



H200001434963ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
MILAN OF MIAMI F.C. INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2020 MAY 14 PM 13:56

2020 MAY 14 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to
Articles of Incorporation of
MILAN OF MIAMI F.C. INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N13000010834
(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:

NONE

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:

NONE

(Principal office address MUST BE A STREET ADDRESS)

- C. Enter new mailing address, if applicable:

NONE

(Mailing address MAY BE A POST OFFICE BOX)

- 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:

NONE

Name of New Registered Agent: _____

(Florida street address) _____

New Registered Office Address:

NONE

(City)

Florida

(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

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 Doe
 X Remove V Mike Jones
 X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	ALEJANDRO R. OLIVAS	2011 NW 32 STREET MIAMI, FL. 33142
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	EVA A GARCIA	2160 NW 19TH STREET MIAMI, FL. 33125
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

NONE

The date of each amendment(s) adoption: MAY 12, 2020 _____, if other than the date this document was signed.

Effective date if applicable: MAY 12, 2020 _____

(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 MAY 12, 2020 _____

Signature

Walter R. Gonzalez

(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)

WALTER R GONZALEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

2020 MAY 14 AM 10:30
SEC. 7.1
ALLAHABAD, INDIA