N150000005094

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2015 OCT 16 PK 12: 39
SECRETARY OF STATE
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Amend

OCT 16 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MONAA, INC.
DOCUMENT NUMBER: N1500005094
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Hernandez
(Name of Contact Person)
MONAA INC.
MONAA IN C. (Firm/ Company)
6000 Moss Ranch Road
(Address)
Miami, FL 33156 (City/ State and Zip Code)
(City/ State and Zip Code)
Stephanical Stephanicahernandez 91 @ amail COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Hernande 2 at 786 942 5458 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MONA	rA, In	С.
(Name of Corporation	as curren	tly filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·		0005094
(Docum	ent Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	ion:
A/A		The new
		tion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	<i>;</i>	\mathcal{A}_{i}
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	<u>ele:</u> DDRESS)) N/A
C. Enter new mailing address, if applicable:	OV)	N/A PES 5 T
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	ioa)	
		22 m
D. If amending the registered agent and/or regis		
new registered agent and/or the new registere	ed office a	address:
Name of New Registered Agent:	N/	<u>A</u>
New Registered Office Address:		(Florida street address)
	N	//A , Florida N/A
		(City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered . I am fai	Agent: miliar with and accept the obligations of the position.
	N/F	4
_	Si	ignature 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 <math>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	V Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PDT	<u>Stephanie Hernandez</u>	6000 MOSS Ranch Rd MIAMI, FL 33156
2) Change Add	<u>VP</u>	Lourdes Hernandez	6000 HOSS Panch Pd Miami, FL 33156
Remove 3) Change Add		Stephanie Sierra	13403 San Mateo Coral Gables, FL 33156
Remove 4) Change Add Remove		Address of the second of the s	
5) Change Add Remove			
6) Change Add			
Remove		Page 2 of 4	

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

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The date of each amendment(s) adoption:	/A, if other than the
Effective date if applicable:	A days after amendment file date)
	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members a was/were sufficient for approval.	and the number of votes cast for the amendment(s)
There are no members or members entitled to vote on adopted by the board of directors.	he amendment(s). The amendment(s) was/were
Dated 9/28/15	
Signature Supplies	w Q
	of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or that fiduciary)
Stephanie Hei	
President/DIKE	or printed name of person signing)
· · · · · · · · · · · · · · · · ·	(Title of person signing)