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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLOS I CA MISSION ZOND LINC
DOCUMENT NUMBER: <u>V \ 8 0000 008</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle or Jose Belen (Name of Contact Person)
Florida Mission Zero Inc (Firm/ Company)
5851 Holmberg 12 Sute 1512
Pakland FC 33067 (City/ State and Zip Code)
(City/ State and Zip Code)
Danielle & Mission Zero.US
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Belen at 321 463 7336 (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 \$43.75 Filing Fee & \$43.75 Filing Fee & \$152.50 Filing Fee & Certificate of Status (Additional copy is enclosed) (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

Articles of Incorporation of

Florida Mission Zero Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1 8000001008
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
MISSION Zero Actual 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: 5851 Holmberg Kd
(Principal office address MUST BE A STREET ADDRESS)
\mathbb{C}
taklana, FC 3306/
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Lake may FC 32746

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: NA
(Florida street address)
New Registered Office Address:
\mathcal{N}/\mathcal{A} Florida \mathfrak{S}
(City) , Florida (City) (Zip Code)
Non-Designand Agent's Cignotum of abonding Designand Agents
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.
N/A-
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, at 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.

	, and many binne		
Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	T	Danielle Belen	3294 Safe Harbart Lake May, FC 3274
Add Remove		· · · · · ·	
2) Change Add	TO	Fernando Tarres	I he 44th st pompano Beach, IL
Remove 3) Change Add Remove	<u>50</u>	Kule Goldy	33064 2835 Finch Orive Tanpa, FC 34690
4) Change Add	SD	Jedidiah Honey	Po Box 6293 Olympia, NA 985
Remove 5) Change Add	NA	N/A	N/A
Remove 6) MA Change Add	NJA	N/A	N/A
Remove			

E. If amending or adding additional Artic	cles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
/ A		
NIA		
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The date of each amendment(s) adoption: 2 19 9, if other than the
date this document was signed.
Effective date if applicable: 2 19 19
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east 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 2-19-19
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)
other court appointed reductary by that reductary,
Jose C. Belen
(Typed or printed name of person signing)
President-
(Title of person signing)