## N21000007156

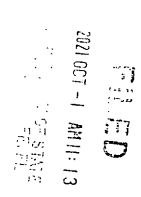
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A. Butler

## **COVER LETTER**

TO: Amendment Section Division of Corporations

MIGRASSIST NAME OF CORPORATION:	CORP		
N21000007156			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LEONARDO MAURICIO			
	(Name of Contact Pe	erson)	
MIGRASSIST			
1.12.1	(Firm/ Company	·)	
4591 PETERS ROAD			
	(Address)		
PLANTATION, FL 33317			
	(City/ State and Zip	Code)	
E-mail address: (to be	e used for future annual rep	ort notification	n)
For further information concerning this matter, p	olease call:		
LEONARDO MAURICIO	31	954	655-0339
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida l	Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	An	eet Address nendment Sect	ion
IN 12 CA	IN:		•

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## MIGRASSIST CORP

(Name of Corporation as currently filed with th	<u>e Florida D</u>	Dept, of State)	2021 OCT - 1 AM 11: 13
N21000007156			ations companies
(Docur	ment Numbe	er of Corporation (if known)	TALLADASCES, FL
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For Profit Ce</i>	orporation adopts the following
A. If amending name, enter the new name of th N/A	e corporati	ion:	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the ai	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREET A			
		<del>-</del>	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	N/A	
D. If amending the registered agent and/or regi			name of the
new registered agent and/or the new register		ddress:	
Name of New Registered Agent:	N/A		
New Registered Office Address:	<del></del>	(Florida street a	address)
	N/A		, Florida N/A
		(City)	(Zip Code)
New Registered Agent's Signature, if changing l			
I hereby accept the appointment as registered ages	ıt. – Lam far	niliar with and accept the obliga	tions of the position.
-	Siz	gnature 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	V	ABRAHAM MAURICIO	4591 PETERS ROAD, PLANTATION, FL 33317
x Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			<del> </del>
6) Change Add		<del></del>	
Remove			
F. If amending or addir (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(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 cast for the amendment(s) was/were sufficient for approval.

	9/25/2021			
Dated				
	at	111		
Signature	- Antala			

have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ABRAHAM MAURICIO

(Typed or printed name of person signing)

VP

(Title of person signing)