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COVER LETTER

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Tallahassee, FL 32314

TO: Amendment Section Division of Corporation	ons	_	
NAME OF CORPORATI	ON: Mi/	racle Deli	very Service Inc.
DOCUMENT NUMBER:	P010	000019899	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	Villie C. Z	Bryant Ir.
		Name of Contact Person	J101
	10	Corporto Firm/Company 9 N.W. 74	A Cowrt
	Dec	eRFielD Bed	ich, Pla. 33441
	Bryan E-mail address (to be us	City/ State and Zip Code TWIUNE 1193 sed for future annual report	@gmail.com
For further information con	cerning this matter, pleas	se call:	
Wille C	Bryant J	V. at 954	638-1193
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ent Section of Corporations	Amend Divisio	Address ment Section in of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	^ _
A	to Articles of Incorporation
A	of
Miracle	Delivery Service Ins
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P	<u>'01000019899</u>
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor Miracle W	rporation: 146 Services Inc. The new
name must be distinguishable and contain the word "corp	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	P.O. Box 299 Deerfield Beh, Flg. 3344/
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
	(r toriua street adaress)
New Registered Office Address:	. Florida

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name · · · · · · · · · · · · · · · · · · ·	<u>Addres</u> s
1) Change	<u>V</u>	Gay there Bryant	323 N.W. 2nd Way Deerfield Beh, Fla. 5344
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
·		
. .		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

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The date of each amendment(s) adoption	: 2/10	0/2020	, if other than the
date this document was signed.		/	
Effective date if applicable:	2/14/2	days after amendment fi	
	(nó more thần 90	days after amendment fi	le date)
Note: If the date inserted in this block do document's effective date on the Departme		able statutory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or b	oard of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of votes east for	the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verified.			
"The number of votes cast for the	amendment(s) was/wer	e sufficient for approval	
by		•	•
	(voting group)		
Dated	2/16/2020)	
Signature <u>U</u>	، ي و بلا	- Burney	
	president or other office	er - if directors or officer	s have not been
	incorporator – if in the ciary by that fiduciary)	hands of a receiver, trus	tee, or other court
(,)	(Typed or printed n	BIVANT	Sr.
XX	(Typed or printed n	ame of person signing)	
	Presi		
	(Title of person sig	ning)	