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COVER LETTER

Division of Corporations
NAME OF CORPORATION: MAWULI, ANC.
DOCUMENT NUMBER: P01000098689
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIE SAINTUS Name of Contact Person
Name of Contact Person
MAWULI, INC.
13881 N.E. 2ND CT Ry 11
Mi AMI, 71, 33161 City/ State and Zip Code
City/ State and Zip Code
SEMARIE SAWTE Q YALOO, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIE SAINTUS 305, 934-5956
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:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

Street Address

Articles of Amendment to

Arti	cles	of 1	incor	por	ntio
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MAWULI, IN	
PO1000986 (Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	7.10 7.10
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agens (Florida street	29
New Registered Office Address:	in) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	12
Signature of New Reg	istered 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 officeridirector 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 Fluorical 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 at 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 Job	a Doe		*
X Remove	<u>v</u> <u>M</u>	re lones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	Title	Name		Address
l)Change	$\overline{\mathcal{I}}$	Johnath,		545 N.1995t
Add				Minni, Fl. 33150
Remove				·
2)Change	RI	BERNADIETT	E ChEREDYO	NT 545 N.W. 99st
Add				Minyi, F1.33150
Remove 3)Change	Ī	BERNADETT	E Chêrero	nt 545 W. w99st
🚣 Add			70	Mirmi, F1.33150
Remove				
4) Change			·	
Add				
Remove				
5)Change				
Add				
Remove				
6)Change			******	
AAL				
Remove				

	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
	· /
	<u> </u>
	;
	
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····	
amendment n	covides for an exchange, reclassification, or cancellation of issued shares,
isions for imp	lementing the amendment if not contained in the amendment itself; ile, indicate N/A)
лу пин аррысал	ie, martie IVA)
	/ / / / / / / / / / / / / / / / / / /

The date of each amendment(s) adoption: 1/-02-2017	, if other than th
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
 ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
Dated 11-02-2017 Signature D. Avcustin	
Signature (By a director, president of other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
() NICKEL HUGUSTIN (Typed or printed name of person stgrang)	
PRESIDENT	
(Title of person signing)	