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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045

Phone : (786)546-4490

Fax Number : (800)323-1074

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email Address: EDVAROR MiRALLES & HOTMAIL. CAM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI BUSINESS SOLUTIONS, INC.

Certificate of Status	0
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## COVER LETTER

TO: Amendment Section Division of Corporations

•				
NAME OF CORPORATIO	N:MIAMI B	USINESS SOLUT	TONS IN	OC
DOCUMENT NUMBER:	P0300004152	P03000041527		
The enclosed Articles of Am	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	tter to the followin	ıg:	
		EDUARDO MIR	ALLES	
		Name of Conta	ct Person	1
	MIAN	11 BUSINESS SO	LUTION	S INC
Firm/ Company				
	1845 EAST WEST PKWY STE 9			
	<del></del>	Addres	<u>.</u>	
	FLEMING ISLAND, FL 32003			
City/ State and Zip Code				9
	EDUAF	RDO_MIRALLES(	<b>@</b> НОТМ	IAIL.COM
<u>F</u>	-mail address: (to be us	_	_	
			•	·
For further information conc	erning this matter, plea	se call:		
EDUARDO MI	RALLES	at (	786	<b>, 546-449</b> 0
Name of Con	tact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Flor	rida Dena	artment of State:
• ,	<b>,</b> , , , , , , , , , , , , , , , , , ,	,.,	<b>.</b>	
■ \$35 Filing Fee C	343.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	y	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street .	Address
Amendment Section		Amendment Section		
	f Corporations			n of Corporations
P.O. Box 6		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

of
BUSINESS SOLUTIONS INC
as currently filed with the Florida Dept. of State)
P03000041527
Number of Corporation (if known)
ntutes, this Florida Profit Corporation adopts the following amendment(s)
pration:
The new pration," "company," or "Incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word than "P.A."
225)
office address in Florida, enter the name of the ice address:
(Florida street address)
, Florida
(City) (Zip Code)
ered Agent: In familiar with and accept the obligations of the position.
re of New Registered Agent, if changing
at of or other or oth

Check if applicable

<sup>☐</sup> 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)

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.

Example:	re, and but	y wann, or us an ruu.		
X Change	PI	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	VPT	MONICA B CAPULLA	1651 SANDY SPRINGS DR	
X Add			FLEMING ISLAND, FL 32003	
Remove				
2) Change	D	EDDY MIRALLES	1651 SANDY SPRINGS DR	
Add			FLEMING ISLAND, FL 32003	
Remove Change		_		ann nEc
Add				J¥(
Remove			•	28
4) Change			<del></del>	<u> </u>
Add				: 30
Remove				0
5) Change				
Add				
Remove			<del></del>	
6) Change				
Add				
Remove				

	* adding additional Ar ral sheets, if necessary)	. (Be specific)			
<del>_</del> ,					····
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í an amendm	ent provides for an ex r implementing the an olicable, indicate N/A)	change, reclassi nendment if not	Cation, or cancelle contained in the ar	ution of issued share nendment itself:	i <b>L</b>
provisions for					
provisions for					
provisions for					
provisions for					
provisions for					
provisions for					

The date of each amendment(s) a	loption:	, if other than th
date this document was signed.		
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date,	)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the am fficient for approval.	sendment(s)
	roved by the shareholders through voting groups. The following aroup entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, To	
· -	(voiing group)	
DECEM	IBER 28TH , 2020	
Dated	<u> </u>	
	Migua	
Signature (By a d	rector, president or other officer - if directors or officers have	not been
	d, by an incorporator - if in the hands of a receiver, trustee, or	
appoin	ted fiduciary by that fiduciary)	
	EDUARDO MIRALLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	