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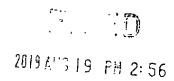
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MITCHELL'S HO	LDING CORP.	
DOCUMENT NUMBI	ER: P03000153011		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Į.	ROLANDO E. LEIVA CPA		
_		Name of Contact Person	1
F	ROLANDO E. LEIVA CPA	PA	
_		Firm/ Company	
7	400 SW 50TH TERRACE S	. ,	
_	· · · · ·	Address	
1	MIAMI, FL 33155		
_		City/ State and Zip Cod	2
ROLA	NDO@LEIVA.COM		
	-	sed for future annual report	notification)
	`	•	•
For further information	concerning this matter, pleas	se call:	
ROLANDO E. LEIVA	CPA	305	663-1511
		at () 663-1511 de & Daytime Telephone Number
name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of



MITCHELL'S HOLDING CORP.

(Name o	of Corporation as curren	itly filed with the Floric	<u>la Dept. of State</u>)	
	P030001530	11		
	(Document Number	of Corporation (if knows	n)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following amen	dment(s) to
A. If amending name, enter the new na	nne of the corporation:			
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional		ution
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS)			_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)				- -
D. If amending the registered agent an new registered agent and/or the new			the name of the	_
Name of New Registered Agent	9331 SW 100 STREET			
	(Florida s	street address)		
New Registered Office Address:	MIAMI		. Florida 33176	
			, 1 101144	

Signature of New Registered Agent, if changing

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.

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)

Remove

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:	, and San	ij Jimiin, i	эт то ан май.	
X Change	<u>PT</u>	John Do	<u>୯</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DP	_	IGELKO, MITCHELL	15665 SW 117 AVE
Add				MIAMI, FL 33177
Remove				
2)Change	DP	_	ELSA GELMAN	9331 SW 100 ST
X Add				MIAMI, FL 33176
Remove				
3) Change	<u>s</u>	_	IGELKO, MITCHELL	9331 SW 100 ST
X Add				MIAMI, FL 33176
Remove				
4) Change	-	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
				

ttach <i>additional sheets, if neces</i>	sary). (Be specifi	c)			
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an amendment provides for a	n exchange, reclass	sification, or can-	<u>cellation of issued</u>	i shares,	
rovisions for implementing th (if not applicable, indicate N	<u>e amendment it no</u> WAS	t contained in th	<u>e amendment itsc</u>	e <u>tf:</u>	
(y ma apparame, mat me n	1721)				
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(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 requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
AUGUST Dated	13, 2019	
Signature X		
selected	fector, president or other officer – if directors or officers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	IGELKO, MITCHELL	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	