P04000070290

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE: FIGURE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	MOZELLE ENTERPRISES	INC
DOCUMENT NUMBER:		P04000070290	
The enclosed Articl	les of Amendment and fee a	are submitted for filing.	
Please return all con	respondence concerning th	is matter to the following:	
-		Mozelle Blagman	
	r	name of Comact Person	
Moze		zelle Enterprises Inc.	
		Firm/ Company	
5944 Coral Ridge Dr Suite 259			
		Address	
	Cora	al Springs , FL 33076	
_	C	City/ State and Zip Code	
	E-mail address: (to be use	ellebb@aol.com ad for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
	ozelle Blagman	at (954) 82	
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Departi	ment of State:
□ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 14, 2010

MOZELLE BLAGMAN 5944 CORAL RIDGE DR. STE 259 CORAL SPRINGS, FL 33076

SUBJECT: MOZELLE ENTERPRISES, INC.

Ref. Number: P04000070290

Irad date of adopt ext date as Bein Jone 20

We have received your document for MOZELLE ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 210A00014597

Articles of Amendment to Articles of Incorporation of

MOZELLE ENTERPRISES, INC (Name of Corporation as currently filed with the Florida Dept. of State) P04000070290

(Document Number of Corporat	ion (ii known)
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association "Contain the word "contain the word "corp	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	C/O Mozelle Blagman
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	6545 Windsor Dr
	Parkland, FL 33067
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5944 Coral Ridge Dr Suite 259
	Coral Springs , FL 33076
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	N/A·
New Registered Office Address: (Flor	ida street address)
	, Florida
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	NA
Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Mozelle Blagman	6545 Windsor Dr Parkland, FL 33067	
<u>P</u>	Barry Blagman	6545 Windsor Dr Parkland, FL 33067	
(attach ac	dditional sheets, if necessary). (Be :	N A	
provisio	nendment provides for an exchange ons for implementing the amendme ot applicable, indicate N/A)		
	· V.) A	

The date of each amendment	(s) adoption:
Effective date if applicable:	(date of adoption is required)
ix applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)."
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	06.04.2010
Signature	Mylle Blagn a director, president or other officer – if directors or officers have not been
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	pinted fiduciary by that fiduciary)
	N 1/ 2/
	. Mozelle Blagman (Typed or printed name of person signing)
	President
	(Title of person signing)