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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MII69, INC. P04000070667 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRO A. LEITER Name of Contact Person Firm/ Company 6900 BISCAYNE BLVD. Suite #8 Address MIAMI, FL 33138 City/ State and Zip Code alex.leiter@lfholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (___305___) 987-4201 ALEJANDRO A. LEITER 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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

FILED

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MII69, INC.

SECRETARY OF STATE

	TALLAUSCON STATE
(Name of Corporation as currently filed with the Fl	orida Dept. of State) LEATHOSEE, FLORIDA
P04000070667	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Fatan and an allow of the Portion	N.1/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent ALEJANDRO A.	LEITER
tunio of the stagement and the	
(Florida stre	not address)
NALA NAL	•
New Registered Office Address: (City)	, Florida 33138 (Zip Code)
(city)	(2) 5000
New Registered Agent's Signature, if changing Registered Agent;	() ,
I hereby accept the appointment as registered agent. I am familiar y	ith and accept the obligations of the position.
0 4	
Signature of New Registered A	gent, 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 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: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	/ Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP. D	LUIS E. DEL CANTO	1015 NE 93RD STREET
Add			MIAMI SHORES, FL 33138
Remove			
2) Change	VP. D	MARIA L. NEGRIN	1015 NE 93RD STREET
Add			MIAMI SHORES, FL 33138
Remove 3) Change	S. D	SINUHE VEGA	6900 BISCAYNE BLVD
Add			SUITE 8
Remove			MIAMI,FL 33138
4) Change	<u>s</u>	DAVID GORDON HALPRY	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

//A	
If an amendment provides for an excha- provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	

The date of each amendment(s) adoption: 12/09/2013	, if other than the
date this document was signed.	, ir other than the
Effective date if applicable: 12/09/2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
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 12/09/2013 Signature X	
(By a director, president or 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)	_
ALEX LEITER	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT, DIRECTOR	
(Title of person signing)	