## P06000135494

(Re	questor's Name)	
•	•	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
`		
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
`	Ź	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		· · ·

Office Use Only



500081844545

12/08/06--01030--005 \*\*35.00

FILED

06 DEC -8 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIE



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IVIC HAE	LANGELO ILE, I	<u>VC</u> .
DOCUMENT NUMBER: P060001	35494	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
MICHAEL LUSTIG	Contact Person)	
MICHAELANGE (Firm)	Company)	<del></del>
4027 194Th MA	χι (ddress)	
SUNNY ISLES, (City/State	F(.33160 e and Zip Code)	
For further information concerning this matter, pl	ease call:	
Michael Lustianan (Name of Contact Person)	at ( 305) 710 (Area Code & Daytime Te	-1560 elephone Number)
Enclosed is a check for the following amount:	·	
\$35 Filing Fee \$\text{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	le

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MICHAELANGELO RE, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P06000135494
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
NIE E E
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.";
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
PISASE CHANGE OFFICER DIRECTOR
INFORMATION AS FOLLOWS:
( ) REMOVE THE LY GROUP, INC. ' AS PRESIDENT
· ·
2) REMOVE immobiliari GROUP OF MIAMI, LLC' AS PRES
3) ADD- MICHAEL LUSTIGMAN AS PRESIDENT DADD- ANGELO QUINTERO AS VICE PRESIDENT
DADD- ANGELO QUINTERO AS VICE PRESIDONT
DIP MINE CO COMITECO NO VICE PICCEIONI
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions
for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NA

(continued)

The date of each amendment(s) adoption: 11-1-06	
Effective date if <u>applicable</u> : 11-1-06 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	r
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	n
The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.	ıd
Signature  (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)	
(Typed or printed name of person signing)	
(Title of person signing)	

FILING FEE: \$35