P08000022502

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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05/13/09--01002--004 **5.00

03/27/09--01008--014 **30.00



1 Teuris 5-14-09

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: MIOMOZION	CORP	
DOCUMENT NUMBER: P080000225	02	7. 8
The enclosed Articles of Amendment and fee are s	submitted for filing.	338
Please return all correspondence concerning this n	natter to the following:	2 2 2
MIOSO	OTIS PABLUS	0 2 1
(Name of C	Contact Person)	$\overline{}$ ω ω
	MOZION CORP	
(Firm/	Company)	
6412 N	IW 199 TERR	7 2 2 6
(Ac	ddress)	0 %
	S, FLORIDA 33015	_ @ ~ ~ ~
	and Zip Code)	کے ج
For further information concerning this matter, ple	ease call:	Q= ~
MIOSOTIS PABLUS (Name of Contact Person)	at (305) 986-8422 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Depart	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	e



April 1, 2009

MIOSOTIS PABLUS MIOMOZION, CORP 6412 NW 199 TERR MIAMI LAKES, FL 33015

SUBJECT: MIOMOZION, CORP Ref. Number: P08000022502

We have received your document for MIOMOZION, CORP and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

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) 245-6905.

Letter Number: 209A00011046

Thelma Lewis
Document Specialist Supervisor

Articles of Amendment to Articles of Incorporation

OI	
MIOMOZION, CORP	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florida Dep	ot. of State)
P08000022502	m
(Document Number of Corporation (if known)	•
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i>	a Profit Corporation adopts the

P0800	00022502	
	er of Corporation (if known)	T
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorpor	Florida Statutes, this <i>Florid</i> ration:	a Profit Corporation adopts the
A. If amending name, enter the new name of th	e corporation:	
MIOMOZIONE CORP		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "In "Co". A professional corporation name is association," or the abbreviation "P.A." B. Enter new principal office address, if application of the abdress MUST BE A STREET AND TRANSPORTED ASTREET AND THE ASTREET ASTREET AND THE ASTREET ASTR	nc.," or Co.," or the designust contain the word "able:	nation "Corp," "Inc." or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	1/A
D. If amending the registered agent and/or reginew registered agent and/or the new register		rida, enter the name of the
Name of New Registered Agent:	/V/ <i>H</i> /	<u></u> _
New Registered Office Address:	(Florida street addres	, and the second
	(City)	, Florida
New Registered Agent's Signature, if changing be the hereby accept the appointment as registered agrees the appointment as registered agrees the second seco	Registered Agent:	

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
			☐ Add☐ Remove
	- M		Add Remove
			Add Remove
E. <u>If amen</u> (attach a	ding or adding additional Artic dditional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	A/A		
F Ifan ar	nandmant provides for an evol	ange, reclassification, or cancell	ation of issued shows
<u>provisi</u>	ons for implementing the amen of applicable, indicate N/A)	dment if not contained in the am	nendment itself:
	\mathcal{A}	1/A	,

The date of each amendment(s) adoption: 05/06/09
Effective date if applicable:
(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 Mrosotts Poblus " (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 05/06/09
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)
MIOSONS Pablus (Typed or printed name of person signing)
President
(Title of person signing)