To: Di Page 8 of 8

9/12/2016



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082

Phone

: (305)871-0889

Fax Number

: (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI INT'L SUPPLY, INC.

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Electronic Filing Menu

Corporate Filing Menu

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# **FAX CUBIERTA**

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TO: Amendment Section

#### COVER LETTER

MAME OF CORPOR	ATION:			
	ER:			
	of Amendment and the are su			
	condence concerning this ma	•		
· "·		Name of Contact Person	The state of the s	
•	Firm/ Company			
-		Address		
-	•	City/ State and Zip Cod	¢	
والمراجعة	E-mail address: (to be a	sed for future annual report	าางไว่ที่เอลนิยก)	
For further information	concerning this matter, plea	se call:		
		at (	de & Daytime Telephone Number	
	l'Contact Person			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ariment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	DS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mall	ing Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Amendment Section
Division of Corporations.
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment to to Articles of Incorporation of

MIAMI INTL SUPPLY, INC.	with the Florida Dept. of State)
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607:1006, Florida Statutes, this Florida is Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "co Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc.," or "Co". I word "chartered," "professional Association," or the abbreviation "P.A."	mipairy," or "incorporated" or the abbreviation:
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5. 29
D. If amending the registered agent and/or registered office address in I new registered agent and/or the new registered office address:  Name of New Registered Agent	Floride, enter the name of the
(Florida street addi	PSS)
New Registered Office Address:	. Florida
	(Zip Code)

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.

Frample:

X Change	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	VP	DORIS A GARCIA CARVAJAL	11369 NW 42 TERR
Add			DORAL, FL., 33178
X Remove			
2)Change	· <del>1</del>	**	
Add			
Remove			
3 ) Change			
Remove.			
4)Change	<del></del>		
Add			
Remove			
(5)Chango			
Add		n de la companya de La companya de la co	**************************************
Remove	,		
6)Change			
Add			** No. 1
Remove			

. If amending or adding additional Artic (Auach additional sheets, if necessary).	(Be specific)
	· ·
It an amendment provides for an exch provisions for implementing the ame (If not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	·

Erra K

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed us the
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 east for the amendment(s) was/were sufficient for approval	
by	
(vating 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.	
08/31/2016	
Dated	
Signature VIII AUUUE	
(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)	_
DIEGO F NAVARRO ESTEVEZ	
(Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	<del></del>