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TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: MICCIE	LI & SON, INC	
DOCUMENT NUMBER: P100005	5945	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JULIO MORI	LLAS	
	Name of Contact Person	1
ZAYAS MOR	ILLAS LLC	
	Firm/ Company	
6303 BLUE L	.AGOON DRIVI	E SUITE 400
	Address	
MIAMI, FL 33	3126	
	City/ State and Zip Cod	e
JULIO@ZAYAS	MORILLAS.CC	M
E-mail address: (to be	e used for future annual report	notification)
For further information concerning this matter, pl	lease call:	
JULIO MORILLAS	_{at (} 305	, 261.5777
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:
■ \$35 Filing Fee & Certificate of Status	_	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section		lment Section

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 Articles of Incorporation

MICCIELI & SON, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000055945

(Document Number	er of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this Florida Profi	t Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profe	y," or "incorporated" or the essional corporation name mus	abbreviation It contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET.			
	 		_
C. Francisco (111 - 111			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		_
			
D. If amending the registered agent and/or reg new registered agent and/or the new register		a, enter the name of the	
Name of New Registered Agent			3
			LSTO ISSUED
	(Florida street address)		EB 2
New Registered Office Address:	(City)	, Florida(Zip Code)	
	(City)	(Zip Coue)	
New Registered Agent's Signature, if changing			OF STATE
I hereby accept the appointment as registered age	ent. I am familiar with and accep	ot the obligations of the position	,

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)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PD		CLAUDID L.	5875 COLLINS AVE # 807
Add			Miccieli Dos SANTOS, TR.	MIAMI BEACH, FL 33140
Remove				
2) Change	D		CLAUDIOL. MICCIELI DOS SANTOS	5875 COLLINS AVE # 807
Add			Miccieli Dos SANTOS	MIAMI BEACH, FL 33140
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
If an amount manifold for an analysis	harman da alfrada an ann Nachada an Li
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	· ————————————————————————————————————

The date of each amendment(s) adoption: LENOART 13, 2014 date this document was signed.	, if other than the
Effective date if applicable: FEBRUARY 13, 2014	
(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)	
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 FEBRUARY 13, 2014	
Signature Collins	
(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)	
CLAUDIO L. MICCIELI DOS SANTOS JR.	
(Typed or printed name of person signing)	
D/P	
(Title of person signing)	