P11000020340

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bı	isiness Entity Nar	me)	
(Dc	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MISS Gro	up Inc.	
	R: P11000020340	•	
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_		Jeremy Enn	ìs
		Name of Contact Persor	1
-		Miss Group In Firm/ Company	· ,
		• •	
-	1418	E 715r St. Ste =	t
-	1019	City/ State and Zip Code	
		,	
_	Jerem	y . ennise huste	ek com
	E-mail address: (to be us	Sed for future annual report	notification)
For further information	concerning this matter, pleas	so call:	
Angie	e Mann	at (918	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	idment Section ion of Corporations		ment Section on of Corporations
P.O. I	3ox 6327	The Co	entre of Tallahassee
Tallal	nassee, FL 32314	2415 î	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2020 NOV 16 PM 5: 04

Miss Group Inc.

(Name of Corporation as currently filed with the Floridal Dept. of State of STATE IALL AHASSEE, FL P11000020340
(Document Number of Corporation (if known)

nt(s) to

		The new
name must be distinguishable and contain the word "a "Inc.," or Co.," or the designation "Corp." "Inc "chartered," "professional association." or the abbi	," or "Co". A professional cor,	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		ter the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	egistered Agent:	(Zip Code) cobligations of the position.
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u>: Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	Jevemy Ennis	1418 E 715+ 8+
Add		,	Suite Z
Remove			Tulsa, or 74136
2) Change	CEO	Matlias Kuneteg	2719 Hollywood Blud
_X Add		_	A-241
Remove 3) Change			Hollywood, FL 33020
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary)	. (Be specific)			
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		•		-	
		change, reclassifi	ication, or cancells	ution of issued sha	res.
an amendment	provides for an ex-	***************************************	A Table Alberta	nandmant itealfi	
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The date of each amendment(s) as	loption:	, if other than t
date this document was signed.		
Effective date if applicable:		
·	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the ar fficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	NP	 _
	(Title of person signing)	