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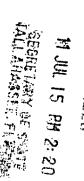
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	OF CORPORATION: MIYOR CORPORATION INC		
DOCUMENT NU	JMBER:	P11000030582	
The enclosed Artic	cles of Amendment and fe	e are submitted for filing.	
Please return all co	orrespondence concerning	this matter to the following:	
		ALINCY JOANEL Name of Contact Person	·
	MIY	OR CORPORATION INC Firm/ Company	
	4:	205 NW 31 ST AVE #6	
		Address , seems of	
	LAUD	DERALE LAKES, FL. 33309 City/ State and Zip Code	1 1997 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	latir	ntax@hotmail.com used for future annual report notification)	
For further informa	ation concerning this matt	er, please call:	
	LINCY JOANEL of Contact Person	at (<u>954</u>) <u>28</u> Area Code & Daytime Tel-	88 0610
		t made payable to the Florida Depart	
▼ \$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e e

Articles of Amendment Articles of Incorporation of

MIYOR CORPORATION INC

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

PIN	JUUU3U3BZ		
(Document Numl	ber of Corporation (if	known)	-
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, thi	is <i>Florida Profit Corporat</i>	ion adopts the follow
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain that abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions"	designation "Corp,"	"Inc," or "Co". A profes	orporated" or the sional corporation
B. Enter new principal office address, if appli	icable:		·
(Principal office address <u>MUST BE A STREET</u>	<u>"ADDRESS"</u>)		Ēģ I
			EBRINAS
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
			ill ro
			
D. <u>If amending the registered agent and/or re</u>	mistered office addr	ess in Florida, enter the no	ame of the
new registered agent and/or the new regist			inte or the
Name of New Registered Agent:	·		
Name of New Negistered Agent.			
New Registered Office Address:	(Florida stre	eet address)	
New Registered Office Address.	(1 tortaa sire	eer uuuress)	
_	(((14)	, Florid (Zip Code)	a
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing		and the second the second	C.T. b.t
I hereby accept the appointment as registered ag	ent. I am familiar wi	ith and accept the obligatio	ns of the position.
			-
Si_{ξ}	znature of New Regist	tered 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>	<u>Address</u>	Type of Action
<u>P</u>	JEAN ELANNE	4205 NW 31ST AVE #6 Lauderdale Lakes, Fl. 33309	_ □ Add □ ☑ Remove
<u>VP</u>	JEAN ELLANNE	4205 NW 31ST AVE #6 Lauderdale_Lakes, Fl. 33309	_ ☑ Add _ □ Remove
<u>VP</u>	ALINCY JOANEL	4205 NW 31ST AVE #6 Lauderdale Lakes, Fl. 33309	_
P	ALINCY JOANEL	4205 NW 31ST AVE #6 Lauderdale Lakes, Fl	- ADD . 33309
	ding or adding additional Articles, entereditional sheets, if necessary). (Be spec		
	· · · · · · · · · · · · · · · · · · ·		
			_
			

The date of each amendmen	t(s) adoption: 07	7/08/2011		
Effective date <u>if applicable</u> :	07/08/2011	(date of add	pption is required)	
	(no more than 9	00 days after at	nendment file date)	
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)		
The amendment(s) was/we by the shareholders was/w			The number of votes ca	st for the amendment(s)
The amendment(s) was/we must be separately provide				-
"The number of votes	cast for the amen	dment(s) was/	were sufficient for appro	val
by			·"	
·	(voting group)			
The amendment(s) was/we action was not required. The amendment(s) was/we action was not required.				
Dated 07/1	11/2011			
sel	y a director, presidected, by an incorpointed fiduciary l	porator – if in t	ficer – if directors or off the hands of a receiver, t	rustee, or other court
		ALINC	Y, JOANEL	
•	(Ту	ped or printed	name of person signing)	
		ALINC	Y, JOANEL	
	(Title o	f person signin	g)	