## D110000057603

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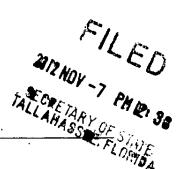
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EVELYN M	MAMI INC		
DOCUMENT NUMBER: P1100005960			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
BRIAN DEL FIEF	RRO		
	Name of Contact Person	1	
BALWANT CHEE	EMA CPA		
	Firm/ Company		
8301 NW 197TH	STREET		
	Address		
MIAMI, FL 33015	5		
	City/ State and Zip Code	e	
BRIAN@BALCPA.C	ОМ		
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, plea	se call:		
BRIAN DEL FIERRO	at (305	764-1073	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$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	Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle	
•	Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of



## **EVELYN MIAMI INC**

P11000059603		of State)	195A
(Document Numb	per of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	Clorida Statutes, this <i>Florida Profi</i>	t Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the 'Corp.,'' "Inc.,'' or Co.,'' or the designation " word "chartered,'' "professional association,'' o	Corp," "Inc," or "Co". A prof		
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>	cable: ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>		
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new regist</li> </ol>		a, enter the name of the	1
Name of New Registered Agent		·	
<del></del>	(Florida street address)		
New Registered Office Address:	(Florida street address) (City)	, Florida	Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	ORESTE DI LEO	8301 NW 197TH STREET
Add  Remove			MIAMI, FL 33015 □S
2) Change	<u>T</u>	ORESTE DI LEO	8301 NW 197TH STREET
Add			MIAMI, FL 33015 □S
Remove 3) Change	P	MASSIMO NICASTRO	8301 NW 197TH STREET
Add			MIAMI, FL 33015 □S
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			<del></del>
Remove			

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				•	
an amendment provides for an excha rovisions for implementing the amen	ange, reclassif	fication, or can contained in th	cellation of issue amendment i	ıed shares, tself:	
(if not applicable, indicate N/A)					
			<del></del>		
	···· ·				
	· ···				

The date of each amendment(s)	adoption: NOVEMBER 51H, LUTL
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated NOV	EMBER 5TH ©10
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	MASSIMO NICASTRO
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)