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To:

Division of Corporations

Fax Number : (850)617-5380

From:

Account Name : RICARDO MARTINEZ-CID, P.A.

Account Number : 076640001666

Phone

: (305)632-1950

Fax Number

: (305)854-9788

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MICHICHI CORP.

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COVER LETTER

TO:	Amendr	ieni Sci	ction
	Division	of Cor	porations

NAME OF COR	PORATION: MICHICHI CORP	ORATION	
DOCUMENT NI	D1300003=722		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	NATALIE PILAR FEBRES-	CORDERO GALLARDO,	
		Name of Contact Person	1
	a/k/a NATALIE DE MASSU	IH-BURAYE	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1915 Brickell Avenue, Penth	ouse #1	
		Address	
	Miami, Florida 33129		
		City/ State and Zip Cod	
	natifcg@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	ation concerning this matter, plead		. 632 1950
Name of Contact Person		at (at (632 1950 de & Daytime Telephone Number
	k for the following amount made		
■ \$35 Filing Fo	c □\$43.75 Filing Fee & Certificate of Status	S43.75 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 Divisio The Co 2415 N	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 Issec, FL 32303

Articles of Amendment to Articles of Incorporation of

MICHICHI CORPORATION	
	surrently filed with the Florida Dept. of State)
P12000027733	
`	umber of Corporation (if known) tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "i	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation	1 "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
And the control of th	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the name of the
 -	
(Flo	orida street address)
New Registered Office Address:	. Florida
HEW RESIDIES OFFICE HUNTESS.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of	New Registered Agent, if changing
,	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (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)

Example:

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.

X Change	<u>F1</u>	Jum Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DPST	NATALIE DE MASSUH-BURAYE	1915 Brickell Avenue, Penthouse #
Add			Miami, Florida 33129
X Remove	DPST	NATALIE DEL PILAR FEBRES-C D9	SEA0915 Brickell Avenue, Penthouse #
2) Change Add		GOLLARDO	Miami, Florida 33129
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	.
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption;	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were s must be separately provided f	pproved 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 on	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
June 20,2 Dated	2021	
Signature <u>N</u>	Itali Felow- Cardino	
(By 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 inted fiduciary by that fiduciary)	
	NATALIE DEL PILAR FEBRES-CORDERO GALLARDO, s/k/s NATA	LIE DE MASSIVILA
	(Typed or printed name of person signing)	
	DPST	
	(Title of person signing)	