P12600027863

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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18 SEP-1-9-12-53

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	Frazier Enterprises RATION:	of Miami Gardens	
	BER: P1200	0027863	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kinth Walcott	Name of Contact Person)alco++
		Name of Contact Person Firm/ Company	mi LLC.
	16194 nw 27th ave	Firm/ Company	·
	Miami Gardens, Fl. 33054	Address	
		City/ State and Zip Cod	e
Miar	nisoulcafe@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas) 798-2417
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

	to Articles of Incorporation	
	Articles of Incorporation of	
Frazier	Enterprises Of	-Miami Gard
(Name o	Corporation as currently filed with the	Florida Dept, of State)
4120	00027863	
	(Document Number of Corporation (if	`known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amenc
A. If amending name, enter the new na	me of the corporation:	
	<u></u>	The /
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ain the word "corporation," "company,' ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	or "incorporated" or the abbrevial sional corporation name must contain
B. Enter new principal office address,		
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)	l
		201 70 -
C. Enter new mailing address, if appli		
(Mailing address <u>MAY BE A POST (</u>	DFFICE BOX	111-1
		<u>-</u>
		<u> </u>
		es es
 If amending the registered agent an new registered agent and/or the nev 	d/or registered office address in Florida, v registered office address:	enter the name of the
Name of New Registered Agent	Kinth Walcoll Keith W	valcott
	16194 NW 27th Ave.	
	(Florida street address)	
	Miami Gardens	33054
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept	the obligations of the position.
	Signature of New Registered Agent	ifchanging
	Digitalule of New Nexislelea Axelli	, is ununixinx

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	= Chief F r, Directo in the fol ves the co	lowing manner. Currently John Doe is listed as the PS: prporation, Sally Smith is named the V and S. These sho	n one title, list the first letter of e \[and Mike Jones is listed as the \]
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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Willis Howard	16194 NW 27th ave
Add	-		Miami Gardens, Fl 33054
X Remove		_	
	P	Keith Kieth Walcott	16194 NW 27th Ave
2) Change X			Miami Gardens, Fl 33054
Add		-	
Remove		- -	
3) Change			i
Add Remove		-	
Kemove		-	
4) Change			
Add		-	
Remove		-	
5) Change			
Add		<u>-</u>	
Remove		_	
6) Change			
Add		-	
Remove		-	

if amending the Officers and/or Directors, enter the tide and name or caen officers

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

(Attach additional sheets, if necessary). (Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	i
	<u> </u>
	İ
	<u> </u>
	i
	

date this document was signed.	
Effective date if applicable: 6/24/19	
(no moré than 90 ddys after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be lis
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	i I
Signature	
(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)	•
Keith Walcott	
(Typed or printed name of person signing)	1
President	
(Title of person signing)	1