## P12000044765

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Division of Co	orporations		
NAME OF CORP	ORATION: Moisture Rid, Inc.		
	MBER: P12000044765		
The enclosed Artic	les of Amendment and fee are su	abmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Angelica Sigler		
		Name of Contact Person	
	Moisture Rid, Inc.		
		Firm/ Company	
	18520 NW 67 Ave #200		
	<del>-</del>	Address	
	Hilaeuh, Fl. 33015		
		City/ State and Zip Cod	e
	angiesigler21@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Angelica Sigler		786	442-0562
Nan	ne of Contact Person		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)
A D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Moisture Rid, Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P12000044765	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". , "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	16700 NW 27 Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami Gardens, Florida 33056
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	SECRETARY OF STATE ALLAHASSEE, FLORIDA  ress in Florida, enter the name of the s:
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	in the state of the position. It is a superior of the position.

Check if applicable

☐ 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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional A al sheets, if necessary	). (Be specific)	_			
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ravisions for	nt provides for an ex implementing the an	cnange, reclassing	ation, or cancella	ation of issued s	hares,	
(if not appl	icable, indicate N/A)	nenument it not co	ntained in the ar	nenament itself		
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		<del></del>	<del></del>		<del></del>	
		<u>_</u>	<del>_</del>			

The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<del>-</del>
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
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 shareholder	action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendm	nent(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s):	itement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	24/21	
Signature		
» elected	rector, president or other officer – if directors or officers have not be , by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	court
	Angelica Sigler	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	<del></del>

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