P12000049968

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PICK-UP WAIT MAI	L
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MANG Crawler Consulting
NAME OF CORPORATION: MANA Crawler Consulting DOCUMENT NUMBER: P1200049968
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maya Cramer Name of Contact Person
Maya Cramer Consulting Firm/Company
3874 Barbadas Ave
Cooper City Fl 33024 City State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manue of Contact Person at (305) 469-5543 Area Code & Daytime Telephone Number
Name of Confact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

ı	of
Moya Crar	ner Consulting INC
(Name of Corporation as curre	ntly filed with the Florida Dept of State)
P12000049	968
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3874 Barbados Ave. Cooper City, Fl 3302 b
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3874 Barbados Ave. Cooper City, +1 33026
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	Idress in Florida, enter the name of the
Name of New Registered Agent	See a m
(Elorida	street address)
	5 5 7
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	<u>nt:</u>
Signature of New	Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer, P = President; V = Vic Executive Officer; CFI held. President, Treasu Changes should be not a change, Mike Jones	er and/or I ets, if neces (director tit ce Presiden O = Chief urer, Direct ted in the followers	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= 1 Financial Officer. If an officer/director holds more	Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
Example: X Change	PT	John Doe	
_			
X Remove	<u>V</u>	Mike Jones	
X Add Type of Action	<u>SV</u>	Sally Smith	A diluona
(Check One)	Title	<u>Name</u>	Address
1) Change	7	Cramer, Shlomy Sco	th 3874 Barbadas Ave Cooper City Fl 33026
Add		•	Cooper City Fl 33026
X Remove			
2) Change	-	Cramer, Maya	3874 Barbados Ave. Cooper City, Fl 33020
			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			110-100-11-11-11-11-11-11-11-11-11-11-11
Remove			****
6) Change	<u> </u>		
Add			

Remove

Attach <i>addition</i>	adding additional Ar al sheets, if necessary).	(Be specific)	-		
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<u>provisions for</u>	nt provides for an exc implementing the am licable, indicate N/A)	hange, reclassific endmeat if not co	ation, or cancella ntained in the am	tion of issued shar wndment itself:	<u>es.</u>
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	, if other than the
date this document was signed.	
Effective date if applicable: 3/13/17	
Effective date if applicable: (no more than 90 days after amendment file date)	<u></u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be listed as the
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)	
(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 6/11/17	
Maria Ciami	
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)	
(Typed or printed name of person signing)	
•	
<u>President</u>	
(Title of person signing)	