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Division of Corporations

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From:

Account Name : JORGE L. GURIAN P.A.

Account Number : I20010000123 Phone : (305)931-0541 Fax Number : (305)931-0568

Enter the email address for this business entity to be used for future ---- annual report mailings. Enter only one email address please.

Javeian & sucionau

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI CHILDS CORP.

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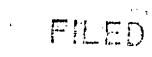
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MAR 2 0 2013

T. LEWIEUX *

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Articles of Amendment



	Articles of Incorporation of	A tourse Fr. or the pr
		2019 MAR 19 A 段 26
(Name of Co	MIAMI CHILDS CORP propration as currently filed with the Florida De P12000072438	pt. of State) SECRETARY OF STATE
	P12000072438	TALLAHASSEE, FLORIDA
-	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
		The new
	the word "corporation," "company," or "incor n "Corp," "Inc," or "Co". A professional corpo " or the abbreviation "P.A."	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the nexistered office address:	ame of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
A TOTAL TOTAL STATE OF THE STAT	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligation	ons of the position.
	Signature of New Registered Agent, if changing	<u></u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and fittle, 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	PT I	ohn Doe	
X Remove	<u>v</u> <u>n</u>	<u>like Jones</u>	
X Add	<u>\$V</u> <u>\$</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	WAYNE A. COLLINSON	1805 PONCE DE LEON BLVD
Add			SUTTE 400
X Remove			CORAL GABLES, FL 33134
2) Change	PD	DAIANA QUICENO	1805 PONCE DE LEON BLVD
X Add			SUTTE 400
Remove			CORAL GABLES, FL 33134
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding</u> Attach <i>additional sheets</i>	, if necessary).	(Be specific)				
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f an amendment provi	ides for an arch	Disease vonlacei		sallation of i	ad abanca	
provisions for implem	enting the ame	ndment if not co	ontained in th	<u>e amendme</u> nt it	self:	
(if not applicable, i	indicate N/A)					
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		.				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will 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 amendmen by the shareholders was/were sufficient for approval.	ut(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature 6 1	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other components of a receiver of the seppointed fiduciary by that fiduciary)	en ourt
Weine A. Collinson	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	