P120000 91620

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

HAME OF CORPORATION: MDO LIMO CO P				
OCUMENT NUMBER: P12000091620				
The enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Manias DOSan Name of Contact Person				
Name of Contact Person	_			
MOS LIMO CORP				
Firm/ Company				
Rembroke Pines FL 33828				
Address	-			
Rembroke Pines FL 33828				
City/ State and Zip Code	_			
E-mail address: (to be used the future annual report notification) or further information concerning this matter, please call:				
or runter information concerning this matter, please can.				
Merius Dosan at SE S77-0348 Name of Contact Person Area Code & Daytime Telephone Numb				
Name of Contact Person Area Code & Daytime Telephone Numb	er			
inclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MOO CIMO CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
81200001620	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	mt(s) to
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pembake Pinel Fi 37008	/
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Rembroke Pines, FL 33028	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent USQN, Marias D	
CFC MILL 1604 Ave	
(Florida street address)	
New Registered Office Address: Pembroke Pines Florida 33008	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. MARIUS DOSAY Signature of New Registered Agent, if changing	SECRETARY OF ST
Check if applicable	J* -
☐ 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	T	Diana R. Calders	NEST NIN 16 Get AUG.
Add			Rembroke Pines, FL 3300
Remove		7. 0 CM	
2) Change	2	Dianal Calderon	Rembrote Pines, FL 330
Add			Kuprote Lines LT 220
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	N/A	
		
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		72.47712-77-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
f an amendment provides for an exchange, reclassification, or cance	ellation of issued shares,	
f an amendment provides for an exchange, reclassification, or cance provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:	Alm
		<u> </u>
		

The date of each amendment(s) adoption:	, if other than the
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, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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"	
(voling group)	
Dated 3/10/2020	
Signature	hyan
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Wiesident	
(Title of person signing)	