P12000092279

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DZIERWA, VILM	IAR	
	BER: P12000092279		
The enclosed Articles	of Amendment and fee are su	ebmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	DZIERWA, VILMAR		
		Name of Contact Person	11
	MIDTOWN MIAMI DV. IN	C	
		Firm/ Company	
	3301 NE 1st Ave STE, 2402		
		Address	
	MIAMI, FL 33137		
		City/ State and Zip Cod	C.
debor	ah.dzierwa@gmait.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		
DZIERWA, VILMAR		at (305	, 931-9245
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
<u>Mai</u>	ling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

発達 HAT 22 T.L. 10(1)し

MIDTOWN MIAMLDY, INC.

(Name of Corporation as currently	filed with the Florida Dept, of State) " "
P12000092279	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>t</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc., " or Co.," or the designation "Corp.," "Inc." or "Coword "chartered," "professional association," or the abbreviation "	70". 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>)	
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 address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
ſ	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am jamiliar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO <math>\simeq$ 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPTS	DZIERWA, VILMAR	3301 NE 1 St AveSet 2402
Add X Remove			MIAMI, FL 33137
2) Change	DV.	WOLSKI DZIERWA, DEBORAH R	3301 NE 1 St Ave Set 2402
Add XRemove			MIAMI, FL 33137
Remove 3)Change	<u>h</u>	DZIERWA, FERNANDA	3301 NE 1 St Ave Set 2402
X Add			MIAMI, FL 33137
4) Change Add Remove			
5) Change Add			
6) Change Add			
Remove			

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nrovisions for i	t provides for an exemplementing the am	endment if not c	<u>cation, or cancen</u> ontained in the a	<u>gation of issued sn</u> mendment itself:	ares,	
(if not appli	icable, indicate N/A)	STATE OF THE STATE		THE TENE		
					.	
			 ,			
						
			,			

The date of each amendment(s) adoption:	if other than t
date this document was signed.	
5/19/2019 Effective date <u>if applicable</u> :	
Effective date <u>ir appreasie</u> .	tno more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
Adoption of Amendment(s) (9	CHECK ONE)
The amendment(s) was/were adopted by t by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
	nendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(roting group)
☐ The amendment(s) was/were adopted by t action was not required.	ne board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t action was not required.	ne incorporators without shareholder action and shareholder
MAY 19th 2019 Dated	<u></u>
Signature	
selected, by an a	resident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
DZIERV	/A, VILMAR
	(Typed or printed name of person signing)
DPTS	

(Title of person signing)