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| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



10/18/22--01821--011 **3!

2023 JAH 31 AN 3-33

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: MP 3530 CORP | | |
|--------------------------|--|--|---|
| DOCUMENT NUME | 151.30000440030 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Louis A. Supraski, P.A. | | |
| | | Name of Contact Persor | 1 |
| | Louis A. Supraski, P.A. | | |
| | | Firm/ Company | |
| | 16666 NE 19th Avenue Suite | 113 | |
| | | Address | _ |
| | North Miami Beach, FL 3316 | 52 | |
| | | City/ State and Zip Cod | |
| | supraski@supraskilaw.com | | |
| | , – - | sed for future annual report | notification |
| | | · | |
| For further information | n concerning this matter, pleas | se call: | |
| Louis A. Supraski | | at (<u>305</u> | 792-0060 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | □\$43.75 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) |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303



January 12, 2023

LOUIS A. SUPRASKI, PA 16666 NË 19TH AVENUE SUITE 113 NORTH MIAMI BEACH, FL 33162

SUBJECT: MP 3530 CORP Ref. Number: P13000069928

We have received your document for MP 3530 CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 523A00000944

Neysa Culligan Regulatory Specialist III

JAN 3 1 2023

Articles of Amendment to Articles of Incorporation of

2023 JAH 31 AH 3: 55

MP 3530 CORP

| (Name of Corporati | on as currently filed with the Flo | rida Dept: of State) (F STATE |
|---|---|------------------------------------|
| P13000069928 | | MASSES, FL |
| (Docum | nent Number of Corporation (if kno | own) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this <i>Florida Profit Corp</i> | oration adopts the following amend |
| A. If amending name, enter the new name of the co | orporation: | av. |
| name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre | " or "Co". A professional corp | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | er the name of the |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | gistered Agent: | · |
| r негеоу иссері інс аррынітені из гезімегей адені. | r am juminur with una uccept the | onigunous of the position. |
| Sign | ature of New Registered Agent, if c | hanging |
| Chack if unnlicable | | _ - |

☐ 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, 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; CE Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as 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 | <u>Addres</u> s |
| 1) Change | V | Sara Kerpel | 2090 NE 214 Street |
| X Add | | | Miami, FL 33179 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding (Attach additional sheets | s, if necessary). | (Be specific) | | | |
|---|-------------------------|---------------------------|---------------------------|---------------------------|--------------|
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| If an amendment prov | <u>ides for an exch</u> | ange, reclassificat | <u>ion, or cancellati</u> | <u>on of issued share</u> | <u>S</u> , |
| provisions for implen | nenting the ame | <u>ndment if not cont</u> | ained in the ame | ndment itself: | |
| (if not applicable, | indicate N/A) | | | | |
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| The date of each amendment(s) addate this document was signed. | doption: | , if otl |
|--|--|-----------------|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this be document's effective date on the Do | lock does not meet the applicable statutory filing requirements, this date will epartment of State's records. | l not be l |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action and | l shareho. |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval. | |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | 20. |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | े हैं: 2 (st |
| by | | 2E FA |
| | (voting group) | |
| Dated /d// | $\frac{2}{2}$ | OF ST |
| Signature | (A)(| TAR (|
| selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | |
| | Louis A. Supraski, P.A. | |
| | (Typed or printed name of person signing) | |
| | Attorney | |
| | (Title of person signing) | |