P/4000000636

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Amendment Section
-	Division of Corporations

 Division of Cor 	porations		
NAME OF CORPO	DRATION: NINNA MU	A INC	
DOCUMENT NUM	1BER: P140000063	6	
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	MARIA		
		Name of Contact Persor	1
	NINNA MUA INC		
		Firm/ Company	
	5901 NW 151 ST		
	MAIANALL AIZEO EL	Address	
	MIAMI LAKES FL		
		City/ State and Zip Code	2
<u>A</u>	NTORIGGERI@GN		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	ion concerning this matter, pleas	e call:	
MARIA		at (786	5486291
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address mendment Section		Address
Di	vision of Corporations		ment Section of Corporations
I	O. Box 6327	Clifton	Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NINNA MUA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000000636

(Document Number of Corpo	oration (if known)				
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corp	oration adopts the fo	ollowing a	mendm	ent(
A. If amending name, enter the new name of the corpora	tion:				
				he nev	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co" or the designation "Corp," "In word "chartered," "professional association," or the abbrev	c," or "Co". A profession				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS					
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		····	<u> </u>	14	
			至		
				83	_
			- 1 - 1 - 1	20	
D. If amending the registered agent and/or registered off		er the name of the		T <u>P</u>	-
new registered agent and/or the new registered office	address:			ţ;	
Name of New Registered Agent			:- :	83	
(F	lorida street address)				
New Registered Office Address:		_, Florida			
	(City)	(Zip Co)de)		
New Registered Agent's Signature, if changing Registered					
I hereby accept the appointment as registered agent. I am for	amiliar with and accept the	obligations of the po.	sition.		
					
Signature of New Reg	sistered 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 = 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.

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	VP	MARIA MEDRAN	5901 NW 151 ST
Add			MIAMI LAKES FL
Remove			33014
2) Change			
Add			<u> </u>
Remove			- West of the second
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add		_	_
Remove			
Literature			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	If other than the
Effective date if applicable: 01/05/2014	
(no more than 90 days after amendment file date)	_
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)	
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 01/09/2014 Signature maria riggeri	
(By a director, president or other officer – it directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
maria riggeri	
(Typed or printed name of person signing)	_
president	_
(Title of person signing)	