## P14 00000 4935

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO		t, Corp.	
DOCUMENT NUM	P14000004935 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Andres Matheus		
	Mathel Investment Corp	Name of Contact Person	1
		Firm/ Company	
	186 SE 12 Terrace suite 100	• •	
	Miami, Fl 33131	Address	
	<del>-</del>	City/ State and Zip Code	2
	brickellservices@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Andres Matheus		786 at (	570-8839
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
<b>\$</b> 35 Filing Fee	☐\$43.75 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)
Am Div P.O	ciling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## **Articles of Amendment** to

Articles of Incorporation of

Mathel Investment Corp

21			<u> </u>
(Name of Corporation as Corporation	urrently filed with the F	iorida Dept. of State)	
(Degraphed No.	umbor of Companies (if h		<del>-</del> -
(Document Nu	imber of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Con	<i>-poration</i> adopts the following amo	endment(s) t
A. If amending name, enter the new name of the corporat	tion:		
			new
name must be distinguishable and contain the word "corporati Inc.," or Co.," or the designation "Corp," "Inc." or "C "chartered," "professional association," or the abbreviation	Co". A professional coi	orporated" or the abbreviation "Corporation name must contain the	orp.," word
3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	)		<del></del>
			<del></del>
	<del></del>		_ <del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Multing didress MAT BE A FOST OFFICE BOX)	<del></del>		
	<del></del> -		<del></del>
). If amending the registered agent and/or registered offi-		iter the name of the	
new registered agent and/or the new registered office a	address:		
Name of New Registered Agent			
Œlo	orida street address)		
γ			
New Registered Office Address:	(Cin.)	, Florida(Zip Code)	
	(Cin)	(Zīp Coāe)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fait		e abligations of the position	
north, accept the appearance at a comment and a comment		, conguirona of vio position	
Signature of	New Registered Agent, if	changing	
	e Harring		
Check if applicable			

☐ 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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	OFFICER	D Elia Teppa, Angello S	186 SE 12 Terrace suite 100
Add			Miami, Fl 33131
X Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attac	h additional si	ding additional A heets, if necessary	). (Be specific	)			
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		•					
F. If an	amendment p	provides for an exploration	change, reclass	ification, or ca	ncellation of issu	red shares,	
<u>p. c</u>	(if not applica	plementing the au ble, indicate N/A)	mendinent in no	t contained in	and	1136111	
_				<del></del>			
	<del></del>		<del></del> _				<del></del>
						<del></del>	
				···		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adopt	on:	, if other than the
date this document was signed. May 16	2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, the nent of State's records.	us date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder	r action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendrent for approval.	nent(s)
	d by the shareholders through voting groups. The following start voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
May 18, 2020		
Dated	18 MHP	
selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other	
	duciary by that fiduciary) dres Matheus	
P/S	(Typed or printed name of person signing)	
	(Title of person signing)	<del></del>