P14000004935

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SECRETALY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Mathel Investment	, Corp.	
DOCUMENT NUMI	P14000004935		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Adriana Angel		
	Mathel Investment, Corp.	Name of Contact Perso	n
	186 SE 12 Terrace Suite 100	Firm/ Company	
	Miami, Fl 33131	Address	
	brickellservices@gmail.com	City/ State and Zip Cod	e
- 0.1 \ \ \	·	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	786	315-7672
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415	Address Imment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

SECRETARY OF STATE

Articles of Amendment to Articles of Incorporation of

Mathel Investment, Corp.

(Name of Corner	ation as currently filed with the Florida Dept. of State)	
P14000004935	adon as currently into with the Profita Dept. of State)	
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following	3 amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
	"corporation," "company," or "incorporated" or the abbreviatio ac," or "Co". A professional corporation name must contain breviation "P.A."	n "Corp.,"
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	<u>_</u>
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the	
Name of New Projectored Appet		SE SE
Name of New Registered Agent	, ,	되었 쓸
	(Florida street address)	SECRET IN
	(rioriaa sireei aaaress)	
New Registered Office Address:	, Florida	6.5%
	(City) (Zip C	777 - ;- — — — — — — — — — — — — — — — — —
		- 판성 표
New Registered Agent's Signature, if changing R	Registered Agent:	
	t. I am familiar with and accept the obligations of the position.	, , ,
- Ci.	gnature of New Registered Agent, if changing	
ລຄູ	granure of them negationed agent, if crimiging	
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)

Remove

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.

Mike Jones, V as Remo Example:	ove, and Sa	lly Smith, SV as an Add.	
X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Elianel C. Spinelli	186 SE 12 Terrace suite 100
Add			Miami, Fl 33131
X Remove	_		
2) Change	D	Andres E. Matheus	186 SE 12 Terrace suite 100
Add			Miami, Fl 33131
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			<u>m</u>
Add			<u> </u>
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f amending or adding additional Arta Attach additional sheets, if necessary).	(Be specific)	
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		_
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or cancellation of issued and ment if not contained in the amendment itself	<u>shares.</u> f:
(if not applicable, indicate N/A)		_
		(/)
		25
		<u></u>
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		ALLAHIE DE FL

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The date of each amendment(s) as	doption:	, if other than
date this document was signed. Apr	il 18,2023	
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requartment of State's records.	quirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors withou	at shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	or the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approva	1
by		,,
	(voting group)	
04/18/2023	1	
Dated	Agril 1/8/ 2023	
	11 1	
Signature	from .	
(By a di	rector, president or other officer - if directors or office	ers have not been
Selected Sprooint	l, by an incorporator – if in the hands of a receiver, tru ed fiduciary by that fiduciary)	stee, or other court
	Adriana Angel	•
	Admiana Angel	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	
	, F	<u>.</u>

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