## P14000029451

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D52 5/23/14

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Mosete Sip Inc P14000029451 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Olive Cruz Name of Contact Person Mosete Sip Inc Firm/ Company 4701 N Federal Hwy Address Pompano Beach, FL 33064 City/ State and Zip Code For further information concerning this matter, please call: Olive Cruz Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

FILED 2014 MAY 12 PM 3: 12

Mosete Sip Inc

P14000029451	currency med with the	norma Dept. of State	M.C. VIIVOOR
	t Number of Corporation (	if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amendme
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or '	'Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
D. If amending the registered agent and new registered agent and/or the new	registered office address		e name of the
Name of New Registered Agent	Marvin Ady		
	4701 N Fede		
New Registered Office Address:	Pompano Bea	eet address) BCh Flo	orida 33064
	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sig	anging Registered Agent red agent, I am familiar to nature of New Registered	vith and accept the obliga	ations of the position.

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	P	Olive Cruz	4701 N Federal Hwy
Add			Pompano Beach, FL 33064
Remove			
2) Change	P	Marvin Ady	4701 N Federal Hwy
Add			Pompano Beach FL 33064
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary)	rticles, enter change(s) here:
N/A	. (De specific)
	<del></del>
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<u> </u>	
F. If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
- The state of the	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	4	
Effective date <u>if applicable</u> : N//	(no more than 90 days after amendment file date)	<u></u>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
I'he amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated May 7, 2	2014	
Signature (By a consequence)	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Olive Cruz	
	(Typed or printed name of person signing)	<del>_</del>
	President	
	(Title of person signing)	<del></del>

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