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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MORI INC.				
DOCUMENT NUMBER: P1400050467				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  (NA)  Firm/ Company  8180 5 \omega 189 th Street  Address  Cutler Bay FL 33157  City/ State and Zip Code  Molly griesemer a gmail. Com  E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Molly Griesener at (786) 339-3793  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\square\text{Status}\$ \$\square\text{Certificate of Status}\$ \$\square\text{Certified Copy} \\ (Additional copy is enclosed)\$ \$\text{Certified Copy} \\ (Additional Copy is enclosed)\$ \$\text{Certified Copy} \\ (Additional Copy is enclosed)\$				

### **Mailing Address**

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

### Street Address

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

## **Articles of Amendment** to Articles of Incorporation of

FILED

15 FER 24 MILLION

MORI Inc.	13 LES 74 MATERIAL
(Name of Corporation as currently filed with the	Florida Dent. of State) ALLAHASSLE PLOREDA.
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
New Registered Office Address:  (Florida s	/ / 1', Florida
New Registered Agent's Signature, if changing Registered Agen  I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	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. Example: X Change PT John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) Molly A Griesemer 8180 SW 189+45+ Cotter Bay, FL 1) \_\_\_\_ Change Add X Remove Change \_\_\_ Add Remove 3) \_\_\_\_ Change  $\_$  Add Remove 4) \_\_\_\_ Change \_ Add Remove 5) \_\_\_\_ Change \_ Add \_ Remove 6) \_\_\_\_ Change \_\_ Add

Remove

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<del></del>	
<u>ovisions for i</u>	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:
(іј пот арри	icable, indicate N/A)
<del></del>	
	/

date this document was signed.	, if other than
Effective date if applicable:	
(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 2 - 19 - 2015	
Signature  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Molly A. Criese Mer  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	