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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MILIAN ALL SERVICES, CORP.

DOCUMENT NUMBER: P14000055722

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADDIEL MILIAN SANCHEZ

Name of Contact Person

MILIAN ALL SERVICES, CORP.

Firm/ Company

3800 PALM AVENUE, APT. 224

Address

HIALEAH, FL. 33012

City/ State and Zip Code

milian1966@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADDIEL MILIAN SANCHEZ

Name of Contact Person

at (786) 916-1871

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| ☐ \$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) |
|--|---|---|--|

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

MILIAN ALL SERVICES, CORP.

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

P14000055722

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3800 PALM AVENUE

APT. 224

HIALEAH, FL. 33012

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3800 PALM AVENUE

APT. 224

HIALEAH, FL. 33012

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

3800 PALM AVENUE, APT. 224

(Florida street address)

New Registered Office Address: HIALEAH, Florida FL. 33012
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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 Remove	V	Mike Jones
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X Add	SV	Sally Smith
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Address

1) ☐ Change	<u>V</u>	<u>JEFFREY RODRIGUEZ</u>	<u>9908 NW 123rd STREET</u>
☒ Add			<u>HIALEAH GARDENS, FL.</u>
☐ Remove			<u>33018</u>

2) ☐ Change _____
☒ Add _____
☐ Remove _____

3) ☐ Change _____
☐ Add _____
☐ Remove _____

4) ☐ Change _____
☐ Add _____
☐ Remove _____

5) ☐ Change _____
☐ Add _____
☐ Remove _____

6) ☐ Change _____
☐ Add _____
☐ Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 07/01/2014, if other than the date this document was signed.

Effective date if applicable: 07/01/2014
(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 07/01/2014

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ADDIEL MILIAN SANCHEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)