## P14000095050

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NAME OF CORPORATION: \_\_\_\_\_\_

DOCUMENT NUMBER: P14000095050

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

Please return all correspondence concerning this matter to the following:

JENNIFER SZUMIGALA

Name of Contact Person

MIKE'S CICHLIDS INC.

Firm/ Company

185 EL PINO DR

Address

NEW SMYRNA BEACH, FL 32168

City/ State and Zip Code

cichlids4u@bellsouth.net

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

For further information concerning this matter, please call:

Jennifer Szumigala at (<u>386</u>) <u>426-0131</u> 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:

\$35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

А	to Articles of Incorporation	1º le production de la constante
•	of	₩4 · · · · · · · · · · · · · · · · · · ·
MIKE'S CICHLIDS, INC.		2218 APP 15 14 5
(Name of Corporatio	n as currently filed with the Florida	Dept. of State)
P14000095050		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporate</i>	<i>ion</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc," or "Co" - A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST_BE A STREET ADD</u> )	<u>RESS</u> )	· · · · · · · · · · · · · · · · · · ·
	<del></del> _+	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	Not applicable	
		·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		e name of the
<u>Name of New Registered Agent</u>		

(Florida street address)

New Registered Office Address: . Florida ---\_\_\_\_\_ i uni Zap Coder

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

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

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.

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<u>X</u> Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>		
Add			
Remove			
2) Change			
Add			
Remove			·····
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) nending 50/50 ownership of corporation to:	
% ownership to Jennifer Szumigala	
% ownership to Michael Szumigala	
ange is effective January 1, 2018	
	<u> </u>
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)	

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\_ \_\_

January 1, 2018

The date of each amendment(s) adoption: \_ date this document was signed.

\_\_\_\_

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

3/28/18 Dated rumqula 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)

Jennifer Szumigala

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)