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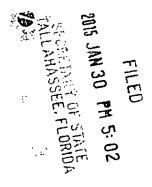
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Mi AMI	Royal	GROUP In
DOCUMENT NUMBE	ATION: <u>Mi AMi</u> CR: <u>P1500</u>	0000484	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Coron	IA Tax SCR	vices Ire
_		Name of Contact Person	n
_	33/3	Firm/ Company	1 Ste 506
_	N. Mi	au: Bch	1 Ste 506 PL 33026
	E-mail address: (to be us	City/ State and Zip Codesed for future annual report	
For further information of	concerning this matter, pleas	se call:	
		at (\
Name of	Contact Person	Area Co)
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Amen	ng Address dment Section on of Corporations	Amend	Address Iment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

2015 JAN 30 PM 5: 02

(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:

e must be distinguishable and contain the			
p.," "Inc.," or Co.," or the designation ' "chartered," "professional association," o		ofessional corporation name m	ust con
nter new principal office address, if appli cipal office address <u>MUST BE A STREET</u>			····-
	E POV		
	<u> </u>		
	<u>E BOX</u>)		
Mailing address <u>MAY BE A POST OFFIC</u> amending the registered agent and/or re	gistered office address in Flori	da, enter the name of the	
Mailing address <u>MAY BE A POST OFFIC</u> amending the registered agent and/or re	gistered office address in Flori	ida, enter the name of the	
Mailing address MAY BE A POST OFFIC amending the registered agent and/or recew registered agent and/or the new registered.	gistered office address in Flori	· _ ·	
Mailing address <u>MAY BE A POST OFFIC</u> Samending the registered agent and/or received registered agent and/or received registered agent and/or the new registe	gistered office address in Flori tered office address:	· _ ·	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC f amending the registered agent and/or registered agent and/or the new regist Name of New Registered Agent New Registered Office Address:	egistered office address in Flori tered office address: (Florida street address)	· _ ·	

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 Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name P Rosa Le Vi	Address 5550SW28TCRK
Change Add Remove	T ROOF Ze of	F. Lauderdale, Fr 333/2
2) Change	P Ronen Levi	5550 SW 28 TERR Fr. Lauderdale, Fr 33312
Remove 3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

	eets, if necessary).	(Be specific)			
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an amendment pr	avidas fan an avak	nanga maalaggiffa	ation or consulta	tion of tone all all	
provisions for impl	ementing the ame	ndment if not co	ntained in the am	<u>non or issueu sii</u> endment itself:	ares,
AT A LIDIOUG TAT THINK	le, indicate N/A)				
(if not applicabl					
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The date of each amendment(s) adoption: date this document was signed.	, if other than th
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 12/26/14 Signature Porce VVV	
Signature Pour Lw	
(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)	
Ronen LeVi (Typed or printed name of person signing)	
President	

(Title of person signing)