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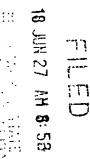


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R. WHITE JUN 2 8 2018



COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: MIKEL & ME INC. DOCUMENT NUMBER: 7/50000/356/				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Maria Elena Hernondez				
Name of Contact Person Mille & ME Succ				
4469, w University Dr				
LauderHill FL 33351				
City/ State and Zip Code				
News Conzalez 5407 @ 9 Mail E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (646), 5935407 Area Code & Daytime Telephone Number				
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

to
Articles of Incorporation

18 JUN 27 AM 8:51

•	Aruc	nes or incorporation	10 JUR Z7 KIT 0. ST
MIKEL	? ME	the C	SECRETAL OF STATES ACCEPTED AND A SECRETARION
(<u>Nam</u>	of Corporation as	currently filed with the F	lorida Dept. of State)
<i>F</i>	150000	0/3561	
	(Document ?	Number of Corporation (if k	nown)
rsuant to the provisions of section 60 Articles of Incorporation:	7.1006, Florida Stat	tutes, this Florida Profit Con	rporation adopts the following amendment
If amending name, enter the new	name of the corpor	ration:	
			The new
	gnation "Corp," "I	lnc," or "Co". A professio	or "incorporated" or the abbreviation onal corporation name must contain the
Enter new principal office addres			
rincipal office address <u>MUST BE A</u>	STREET ADDRES	<u>53</u>)	
			
			
Enter new mailing address, if ap			
(Mailing address MAY BE A POS	<u>T OFFICE BOX</u>)		
If amending the registered agent			ter the name of the
new registered agent and/or the n	iew registered offic	e address:	1 ' 1
Name of New Registered Ager	<u>" </u>	a elena t	ternande
	446	8 1 Thill	y site Dr
		Florida street address)	7
	loud	as Hill	Florida 3335/
New Registered Office Addres	s: Jacob	(City)	Florida <u> </u>
		• *	•
ew Registered Agent's Signature, it	f changing Register	red Agent:	
hereby accept the appointment as reg			e obligations of the position.
	_	1, , , ,	
	MES	Hell.	
	100	e of New Registered Agent	f.ih.m.im
	NOMANT	E OF NEW NEVINIETEG ASPINE I	I CHAIN IIIY

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 I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change	<u>51</u>	MIKEL LOPEZ	Jauden Hill, FL 33351
Add			Jander Hill, FL 33351
Remove			
2) Change	PT	MARIA ELENA HERNA	NARZ 4468 N. UNIVERSITY Dr. Lander Hill, FL 33351
X Add			Jande (HIII, FL 3,505)
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
-	
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, to f State's records.	nis date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amenda for approval.	nent(s)
	y the shareholders through voting groups. The following st ting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	:holder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharehold	ler
Dated 6/18/	1 <u>8</u> A	
Signature ×	3	
(By a director, p	president or other officer - if directors or officers have not	
	incorporator – if in the hands of a receiver, trustee, or othe iary by that fiduciary)	r court
appointed fiduc	· lo · l	
<u>× </u>	Mikel lopez	
	(Typed or printed name of person signing)	
	Prosident	
	(Title of person signing)	

. . .