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R. WHITT

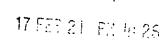


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: MINYA WHOLES	SALE PRODUCTS INTER	RNATIONAL INC
	JMBER: P15000026311		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	MARIO LOPEZ		
		Name of Contact Person	n
	MINYA WHOLESALE PRO	DUCTS INTERNATION	AL INC
		Firm/ Company	
	5334 ERIKA PLACE		
		Address	
	GREENACRES FL 33463		
	·	City/ State and Zip Cod	e
_	F-mail address: (to be us	sed for future annual report	notification)
	13-11km address. (10 de de	sea for fattire annual report	notification)
For further inform	ation concerning this matter, pleas	se cali:	
MARIO LOPEZ		at (	275-0259
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made [	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43-75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filmg Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
•	Mailing Address  Amendment Section		Address Iment Section

## Articles of Amendment to Articles of Incorporation of



MINYA WHOLESALE PRODUCTS INTERNATIONAL INC

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000026311	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp" "Inc.," or Co., ' or the designation "Corp. word "chartered," "professional association," or the	The new description," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the abbreviation "P A."
B. Enter new principal office address, if applicable	·:
(Principal office address MUST BE A STREET ADE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
<u> </u>	
	(Florida street address)
New Registered Office Address:	PL 1.
New Negwerea Office Address.	, Florida
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
thereby accept the appointment as registered agent.	i am jamutar wan ana accept the obagations of the position.
Signe	ature 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	Doc	
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)	Title	Name	Address
I) Change	SECRET	MIGUEL ANGEL JIMENEZ HERM	5334 ERIKA PLACE
X Add			GREENACRES FL 33463
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chanua			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	. 02/07/2017	
	doption:	, if other than the
date this document was signed.	01/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	ment file date)
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cafficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups, each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.	opted by the board of directors without shareholde	
LI The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder act	lion and shareholder
02/07/201	,	
Dated		
Signature K	tubo	
(By a c	firector, president or other officer – if directors or d, by an incorporator – if in the hands of a receive ted fiduciary by that fiduciary)	
	MARIO LOPEZ	
	(Typed or printed name of person sign	ning)
	PRESIDENT	
	(Title of person signing)	