# P15000049350

(Requestor's Name)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

Division of Corporations			· • • • • • • • • • • • • • • • • • • •
NAME OF CORPORATION	. Meli	SSA NIC	holson PH
DOCUMENT NUMBER:			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondenc	e concerning this ma	tter to the following:	
,	MelissA	· Nicholso	$\mathcal{M}$
$\mathcal{M}$	elissa	Name of Contact Person	i PA
		Firm/Company 8/S+T-e	•
N	· Laude	rdale, F	33068
<u></u>	Meyes	City/ State and Zip Code  Clal CS+a-  sed for future annual report	te egmail.com
For further information concer	ning this matter, pleas	se call:	
Melusa N		a(\ <u>\</u>	, 482.3233
Name of Contact			de & Daytime Telephone Number
Enclosed is a check for the foll	lowing amount made	payable to the Florida Depa	artment of State:
	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 Ade Amendment			Address Iment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment

## Articles of Incorporation

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing ame	ndment(s)
A. If amending name, enter the new name of the corporation:	NIA	TI -	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name m	e abbrevi	new iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A		
C. Enter new mailing address, if applicable:			<del></del>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>	- TALL
D. If amending the registered agent and/or registered office add		SEP -2	
new registered agent and/or the new registered office address  Name of New Registered Agent	N/A	P ယ္	
		52	FATE BATE
(Florida str	eet address)	<del></del>	I.
New Registered Office Address:	, Florida		
	(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 positi	on.	
Signature of New k	egistered 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	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address NW18thSt
1) Change	VB	Luis J. Reyes	12175w #107
_X Add		•	Margate, R 3304
Remove			9544483320
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			P (ARE
Remove			
4) Change			STATE E.ORIO 3: 52
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	<del></del>	
		_
		£,
	P	i i
f an amendment provides for an exchange, reclassification, or cancellation of issued		
provisions for implementing the amendment if not contained in the amendment itse		KID
(if not applicable, indicate N/A)  NIA		3>

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
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	SECRE TALLAP
	4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
5.1 7.11 /29111 \	PH 3:
Signature	TATE ORIDA
(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)  MUSSA NICHOLOM	
(Typed or printed name of person signing)	
President	
(Title of person signing)	