## P15000054389

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: \_\_\_\_\_MIAMI CORE CORP. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUANA PAGAN Name of Contact Person MIAMI CORE CORP. Firm/ Company 2125 OPA LOCKA BLVD Address OPA LOCKA, FL 33054 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUANA PAGAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MIAMI CORE CORP		·	<u> </u>
(Name o	f Corporation as currently f	iled with the Florida Dept. of State)	
P15000054389			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the o". A professional corporation name mu. A."	abbreviation est contain the
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
			ســـــــــــــــــــــــــــــــــــــ
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST (			ANS SEP
			<b>O</b>
			PM 12: 5
<ol> <li>If amending the registered agent an new registered agent and/or the nev</li> </ol>		is in Florida, enter the name of the	7. 5
	JUANA PAGAN		Ŧ,
Name of New Registered Agent	2125 OPA LOCKA BLVD		· <del></del>
	(Florida stree	t address)	<del></del>
Nov. Booletoned Office Address	OPA LOCKA	, Florida 3305	4
New Registered Office Address:	((		Zip Code)
New Registered Agent's Signature, if c		th and accept the obligations of the position	on.
. Horosy weep the appointment as 128.2.	Augus Dis	N/9n~	
	Signature of New Re	gistered Agent, if changing	<u></u>
	1		

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GLORIMAR FERREIRA	2125 OPA LOCKA BLVD
Add			OPA LOCKA, FL 33054
X Remove			
2) Change	P	JUANA PAGAN	2125 OPA LOCKA BLVD
X Add			OPA LOCKA, FL 33054
Remove			
3) Change			
Add			
Remove			
4) Change	•••		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	,
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	07/31/2015	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
date inis document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this bl document's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder	action and shareholder
08/01/2015 Dated Signature	Laura Lagon	
(By a d selecte	rector, president of other officer – if directors, by an incorporator – if in the hands of a reced fiduciary by that fiduciary)	
	JUANA PAGAN	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing	ng)