## P1500001111

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(Add	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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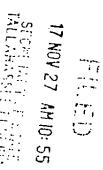


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And

R. WHITE MOV 29 2017



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mic Mi	Customz Inc
DOCUMENT NUMBER: P1500007	
The enclosed Articles of Amendmentand fee are :	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
_ Antoined	Name of Contact Person
+2cz	Pensonal UC Firm/ Company
1821	7 Finsten St Address
	Address  Question FL 33020  City/ State and Zip Code
	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Antoinette Inofigure Name of Contact Person	at ( 786 ) 780 -858 l Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment (E) Articles of Incomposition 7 AM 10: 55 of

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miani Customz Inc	SECRETALY OF CHAIL ALLAMASSIE FESTIOA
( <u>Name of Corporation as currentl</u>	y filed with the Florida Dept. of State)
P15000071142	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporationadopts the following amendment(s.
A. If amending name, enter the new name of the corporation:	
N(A	The new
name must be distinguishable and contain the word "corporatio" "Corp" "Inc" or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	~ W J A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
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 w	
Signature of New I	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 Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	Marsger Grando Che	OPA LOCKA FC 33054
-X Add		OPALOUNG FC 33054
Remove		· · · · · · · · · · · · · · · · · · ·
2) Change		
A <b>d</b> d		
Remove		
3) Change		
Add		<del></del>
Remove		
4) Change		
Add		
Remove		
5) Chan.		
5) Change Add		
Remove		<u> </u>
6) Change		<del></del>
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
-		
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancel adment if not contained in the a	llation of issued shares, imendment itself:
<del></del>		
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		-

The date of each amendment(s) adoption:, if other than the date this document was signed.
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 not be listed as the document's effective date on the Department of State's records.
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)
(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 10 3317
Signature Signature
(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)
Manuel Chavez
(Typed or printed name of person signing)
President
(Title of person signing)