

P/5000093919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

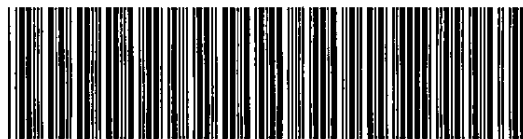
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected
Doc. per Mr.
Lorenzo on
07-25-16
JC

Office Use Only



400287093724

06/21/16--01007--004 **35.00

N/C
Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 18 PM 1:17

FILED

JUL 25 2016

D CONNELL



16 JUL 13 PM 5:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TE
CENS
DOA

June 28, 2016

ENRIQUE LORENZO
MIAMI EXECUTIVE GROUP INCORPORATED
13921 SW 143 CT. #4
MIAMI, FL 33186

SUBJECT: MIAMI EXECUTIVE GROUP INCORPORATED
Ref. Number: P15000093919

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 716A00013575

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

MIAMI EXECUTIVE GROUP, Incorporated

DOCUMENT NUMBER:

P15000093919

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENRIQUE LORENZO

Name of Contact Person

Miami Executive Group, Inc.

Firm/ Company

13921 SW 143 CT #4

Address

Miami, FL. 33186

City/ State and Zip Code

info@MTWFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE LORENZO

Name of Contact Person

at (786) 701-3034

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

↑
WAS ENCLOSED.
Previously

☐ \$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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

MIAMI EXECUTIVE GROUP, INCORPORATED
(Name of Corporation as currently filed with the Florida Dept. of State)

P15000093919

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MIAMI EXECUTIVE GROUP II, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

ENRIQUE LORENZO
13921 SW 143CT#4
MIAMI, FL 33186

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same as ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ENRIQUE LORENZO
1800 W. 54ST #402
(Florida street address)

New Registered Office Address: Hialeah, Florida FL 33012
(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 position.

[Signature]
Signature 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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|----------------------|---------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>ENRIQUE LOPEZ</u> | <u>1800 W. 54 ST #402</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Hialeah, FL 33012</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>Alex Alvarez</u> | <u>7467 NW 167 ST</u> |
| <input type="checkbox"/> Add | | | <u>Hialeah, FL 33015</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 7/1/16
(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)

☐ 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 7/1/16

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)

ENRIQUE LORENZO
(Typed or printed name of person signing)

President
(Title of person signing)