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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPORATION: MAL	AGON COUNTERS AND MORE INC	
DOCUMENT NUMBER: P1600006		
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
ENRIQUE RO	DRIGUEZ	
	Name of Contact Perso	on
MALAGON C	OUNTERS AND MORE INC	
	Firm/ Company	
9152 BAYOU	DR	
	Address	
TAMPA, FL 33	3635	
	City/ State and Zip Coo	le
KETYSR@YAHOO.	СОМ	
E-mail add	ress: (to be used for future annual repor	t notification)
For further information concerning this	s matter, please call:	
ENRIQUE RODRIGUEZ	at (<u>813</u>	8439809
Name of Contact Perso	n Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to the Florida Dep	artment of State:
	illing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Articles of Amendment to Articles of Incorporation of

MALAGON COUNTERS AND MORE INC.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P160006797	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the lress:
Name of New Registered Agent	3-
(Floria	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	gent: liar with and accept the obligations of the position.
Company of W	ew Registered Agent if changing
Signature of N	ew Keyisterea Agent II 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	JAVIER RODRIGUEZ	9152 BAYOU DR
X Add			TAMPA, FL 33635
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			_
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

	r adding additional and sheets, if necessar	y). (Be specific)			
 -		 	<u> </u>		
				-	
				<u> </u>	
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f an amendme	ent provides for an e	evchange reclassifi	cation or cancella	ition of issued share	. c
provisions for	<u>implementing the a</u>	amendment if not c	ontained in the am	nendment itself:	
(if not app	olicable, indicate N/A)			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will 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 by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	ollowing statement endment(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 action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 9 12 2018	
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, truster	e, or other court
appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
Prosident.	
(Title of person signing)	

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