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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Buşi	ness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	DRATION: FARAON INDUS	TRIES INC			
DOCUMENT NUN	1BER: P16000009582				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MICHAEL MIRANDA				
		Name of Contact Person	1		
		Firm/ Company			
	6640 NW 7TH STREET AP	T 704			
	Address				
	MIAMUFL 33126				
		City/ State and Zip Code	e		
	michaelms2201@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
MICHAEL MIRAN		786 at (266-2663		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$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)		

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

	of	2021 SEP -9 AM 5: 47
(Name of Corpor	ration as currently filed with the F	lorida Dept. of State
(Dog	cument Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006. Florts Articles of Incorporation:	rida Statutes, this Florida Profit Cor	rporation adopts the following amendment(
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	ne" or "Co". A professional con	The new orporated" or the abbreviation "Corp.," poration name must contain the word
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
). If amending the registered agent and/or registered agent and/or the new registered		iter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Œiņa	Florida
New Registered Agent's Signature, if changing F	₹ogistored Agent	
hereby accept the appointment as registered agent	t. I am familiar with and accept the	obligations of the position.

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)

Example:

____ Remove

Add

6) ____ Change

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.

X Change <u>PT</u> John Doe X Remove Mike Jones X Add \underline{SV} Sally Smith Type of Action Title Name Address (Check One) VΡ MICHAEL MIRANDA 6640 NW 7TH STREET APT 704 1) ____ Change MIAMLEL 33126 __ Add ____ Remove 2) ____ Change ____ Add _ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add __ Remove 51 ____ Change ___ Add

vitacii mammata sireer	s, if necessary). – (Be sp	pecific)			
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<u>ran amendingai provi</u> provisions for implem	ides for an exchange, re centing the amendment	if not contained in	cancenation of issued the amendment its	snares,	
(if not applicable.	indicate N/A)	tt not contained if	THE UNICHGIANT HA		
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The date of each amendment(s) adoptidate this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this date winent of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	d shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval,	
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The jollowing statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
	ON	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
08/23/2021 Dated		
Signature	Wat-	_
selected, by a	r. president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
WILL	FREDO J LEGUISAMON	
	(Typed or printed name of person signing)	
PRES	SIDENT	

(Title of person signing)