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COVER LETTER

Division of Corpo	rations		
NAME OF CORPOR	0.1	2 ELT, I	nL.
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
-	Midd 1469 Ta adrin Q E-mail address: (to be us	Name of Contact Person Firm/ Company Address Muke to S Address City/ State and Zip Cod Stop work Sed for future annual report	FL 32312
• • • • • • • • • • • • • • • • • • • •	يستيسة •		₩.* •
For funder information	concerning this matter, please	se call:	*****
Advan Name o	Middled Contact Person	at (at 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)
<u>Mail</u>	ing Address	Street	Address

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

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation	IS MIS IN MILE
11 k 1 + of	16 机 19 門 1:30
MYABELT, Fuc.	STORAGE P. Character
(Name of Corporation as currently filed with the Florida Dept. of State)	AU MANSEF CLORED
P160000 13752	
(Document Number of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation as	dopts the following amendment(

(s) to

If amending name, enter the new name of the corporation: ne must be distinguishable and contain the word "corporation,"		•
ne must be distinguishable and contain the word "corporation"		
ie must be distinguishable and contain the word "cornoration"		The n
orp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cord" chartered," "professional association," or the abbreviation "P.	o". A professional corpor	orated" or the abbreviat. ation name must contain
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)		
,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the na	ne of the
Name of New Registered Agent		
The Negatierea rigem		-
(Florida street	t address)	-
New Registered Office Address:	•	
New Registered Office Address: (City)	, Florida	(Zip Code)
Porter all and O' and all and O'		
v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar wit	h and accept the obligation	is of the position.
	,	y

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	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>		<u>Addres</u> s
1) Change	D	Noel Troche	Springhill FL 3460
Add			Springhill FL 3460
Remove		,	
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<u></u>			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		<u> </u>		
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f an amendment provides for an excl	ange, reclassification, or can	cellation of issued	shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment it not contained in tr	ie amendment itsei	<u>1:</u>	
(y approximate control				
				
			•	
			·	
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The date of each amendment(s) a	doption:		<u> 16</u>	fie is of their than the
date this document was signed.				. ••
Effective date if applicable:			医乳汁	CO-CMI
	(no more than 90 days	after amendment file date)	79.55 N	म नेजाय
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The numb	per of votes cast for the amend	lment(s)
	proved by the shareholders through veach voting group entitled to vote so			nt
"The number of votes cast	for the amendment(s) was/were suff	cient for approval		
by		,,,		
	(voting group)			
action was not required.	opted by the board of directors witho	,		r
Dated	8/19/16			
Signature				
selecte	lirector, president or other officer – if d, by an incorporator – if in the hand ted fiduciary)			;
	Adrius	Middletu, Esename of person signing)	<u>j. </u>	
•	(Typed of printed	name of person signing)		
	Altern	4		
	(Title o⊈	erson signing)		