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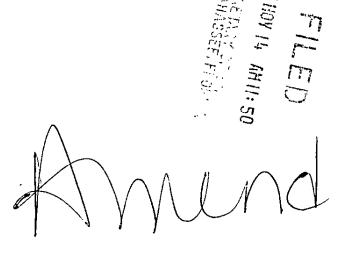
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MYREDALERTS	.COM, INC.	
DOCUMENT NUMBI	ER: P16000016244		·
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	losie Casales		
-		Name of Contact Person	1
_	·	Firm/ Company	
1	889 SW Buttercup Avenue		
_		Address	
I	Port St. Lucie, FL 34953		
_		City/ State and Zip Cod	e
josieca	sales@gmail.com		
<u></u> .	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Josie Casales		at (772	de & Daytime Telephone Number
Name 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as curre	ently filed with the Florida Dep	t. of State)	
MYREDALERTS.COM, INC.				
	(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corporation</i> a	dopts the following as	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:	1		
N/A			Th	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	r "Co". A professional corpor	orated" or the abbration name must con	eviation tain the
		N/A		
B. Enter new principal office address, (Principal office address MUST BE A S				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
1	 		المسترية	
			1.1	
			****	=======================================
D. If amending the registered agent an new registered agent and/or the new			me of the	11:50
Name of New Registered Agent	Josie Casales		,	
	1889 SW Buttercup Av	venue		
	(Florida	street address)		
New Registered Office Address:	Port St. Lucie		34953 , Florida	
		(City)	(Zip Cod	(e)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am famili	ent: ar with and accept the obligation	ns of the position.	
	Signature of Ne	w 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S & T	Myles Savery	717 S. US Hwy 1, 906
Add			Jupiter, FL 33477
X Remove			
2) Change	S & T	Jennifer Lauren Savery	4115 Parkside Drive
X Add			Jupiter, FL 33458
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			•
6) Change			
Add	-		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	···
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares	1
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 we document's effective date on the Department of State's records.	rill 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 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.	
November 9, 2016 Dated	
Signature MANI TANN	
(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)	
Myles Savery	
(Typed or printed name of person signing)	
President and Vice President Mall Sauce PR	esident
(Title of person signing)	