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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MILKAR ENT	ERPRISES CORP
DOCUMENT NUMBER: P16000022578	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
MILTON LUGO	
	Name of Contact Person
-	Firm/ Company
2840 BELLA VISTA DR	
DAVENPORT, FL, 3389	Address 7
	City/ State and Zip Code
wilmaristi@hotmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
MILTON LUGO	at (787) 543-3318 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Certificate of Statu	
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

MILKAR ENTERPRISES CORPORATION

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P16000022578	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	· Ean
(Principal office address MUST BE A STREET ADL	
	Sec. 3 D
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
	**-
	<u> </u>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Parriateur d Office Address	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Cian	pature 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 <math>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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		LUISSETTE RIVERA NEGRON	1605 CAPESTERRE DR
Add				ORLANDO, FL, 33824
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Damoua				

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

The date of each amendmen date this document was signed		, if other than the
	 03/20/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
03/20 Dated	0/2017	
Signature _	health menty	
S	By a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MILTON LUGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	