## P16000031713

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## **COVER LETTER**

TO: Amendment Section

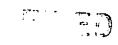
Division of Corporations NAME OF CORPORATION: MIGHTY WARRIOR INC DOCUMENT NUMBER: P16000037713 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIO HECTOR CHAVEZ Name of Contact Person Firm/ Company 387 GEORGIA AVE Address LONGWOOD FL 32750 City/ State and Zip Code INFO@NADIESABEMAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 846-4810

Area Code & Daytime Telephone Number JULIO HECTOR CHAVEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □S43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



MIGHTY WARRIOR INC

7019 MOY -8 AH 11: 29

( <u>Name e</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P16000037713			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	dorida Profit Corporation adopts the following amend	lment(s) t
A. If amending name, enter the new na	ame of the corporation:	77	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviato". A professional corporation name must contain	new tion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		387 GEORGIA AVE	
		LONGWOOD FL 32750	
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		387 GEORGIA AVE	
		LONGWOOD FL 32750	
			_
D. If amending the registered agent an new registered agent and/or the new registered agent and registered agent are new registered.		ss in Florida, enter the name of the	
Name of New Registered Agent	JULIO HECTOR CHAVEZ		
	387 GEORGIA AVE	<del> </del>	
	(Florida stree	address)	
New Registered Office Address:	LONGWOOD	. Florida 32750	
	(0	City) (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		th and accept the obligations of the position.	
Q			
	Signature of New Re	gistered 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.

Example: X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>N</u>	<u> Aike Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ANDREA CHAVEZ	704 SPALMETTO AVE
Add			SANDFORD, FL 32771
X Remove			
2) Change	CEO	JULIO HECTOR CHAVEZ SR	387 GEORGIA AVE
Add			LONGWOOD FL 32750
X Remove			
3) Change	P	JULIO HECTOR CHAVEZ	387 GEORGIA AVE
$\frac{X}{Add}$			LONGWOOD FL 32750
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
	<del> </del>
<u>-</u>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
<del></del>	

The date of each amendment(s) :	NOVEMBER 6 2019	, if other than the
date this document was signed.		, it other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we becartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder	
NOVEMI Dated	BER 6 2019	
Signature	Quiz Lin	
select	director, president or other officer – if directors or officers have not been cd, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	JULIO HECTOR CHAVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	