P16000 058 566

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April 1 Jame

Oct 05 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1126	TO HOSPITACITY INC
DOCUMENT NUMBER: P160	000 58566
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning the	s matter to the following:
JOHN	GUARNIER
	Name of Contact Person
MEGALO	SUARNIER Name of Contact Person ENTERPRISES
	JE 885 STreet
MIA-	11 FL 33138
	City/ State and Zip Code
E-mail address: (to	egalo enterprises combetised for future annual report notification) please call:
John Guarnie	at (305) 458-7600 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address

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

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



September 11, 2019

JOHN GUARNIERI 1136 NE 88TH STREET MIAMI, FL 33138

SUBJECT: MEGALO HOSPITALITY, INC

Ref. Number: P16000058566

We have received your document for MEGALO HOSPITALITY, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00018754

www.sunbiz.org

DO DOM COOR THE

September 30, 2019

To Whom It May Concern,

I am the sole 100% owner of Megalo Hospitality Inc and Megalo Enterprises LLC

I simply want to change the name from Megalo Hospitality Inc to Megalo Enterprises Inc

I will then dissolve the Megalo Enterprises LLC thereafter. Please see Articles of Organization for your record.

Please if any issues call me at 305-458-7600

Much Appreciated and thank you for looking out for my best interests.

Sinceret

Articles of Amendment to

Articles of Incorporation of

MEGALO HOSPITAL	TY INC	State)	
P160000585	1. Ca	nate ,	
(Document Number of C	orporation (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts	the following amendment(s) to	0
A. If amending name, enter the new name of the corporation:			
MEGALO ENTERPRISES name must be distinguishable and contain the word "corporation."	上さら	The new	
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporation a "	name must contain the	
B. Enter new principal office address, if applicable:	1136 NE	88 11 St	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI	EC 3313,	8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of	the	
new registered agent and/or the new registered office address: Name of New Registered Agent	IA		
(Florida street	address)	 -	
New Registered Office Address: (C)	, Flo	rida (Zip Code)	
		,	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of t	he position.	
	NIA		
Signature of New Reg	istered 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	John Doc		
X Remove	\underline{V}	Mike Jones	/ ^	
<u>X</u> Add	<u>sv</u>	Sally Smith	NIA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	19//	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_	<u>.</u>	
Add				
Remove				
4) Change				_
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ry). (Be specific)	
	NIH	
		
-		
	<u> </u>	
•		
<u> </u>		
amendment provides for an	exchange, reclassification, or cance amendment if not contained in the	amendment itself:
(if not applicable, indicate N	A)	
	. •	
	NIA	
		
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• •	NA	
The date of each amendment(s) ad date this document was signed.	loption:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes east for the amend flicient for approval.	ment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shar	eholder
action was not required. Dated	opted by the incorporators without shareholder action and sharehold	der
selected	irector president or other officer – if directors or officers have not d, by it incomparator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	er court
	JOHN GUARNIE	<u> </u>
	(Typed or printed name of person signing)	
	(Title of person signing)	
	LEIDE OF DUISON SPRINGE	