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SECRETARY DE STATE ALLAHASSEE, FLORIDA

FEB 1 5 2016 T. LEMIEUX



COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: MIZU, LOC DOCUMENT NUMBER: P160006, 3314
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Pirm/ Company The Street Suite 385 Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Santiano Medica at 186 426-2740 Name al Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

,	of	
Mac). \0(
(Name of Corporation as curren	utly filed with the Florida Dept. of State)	
PIC	,0 00 063314	
(Document Number	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of the	he corporation:	
	τ_{i}	he new
"Corp.," "Inc.," or Co.," or the designation "Gword "chartered;" "professional association," or B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	cable: 'ADDRESS') E BOX'	
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:	
Name of New Registered Agent		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the position.	

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>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	. \	<u>Addres</u> s
1) Change	D	Oswaldo	Avila	7715 NW 481 street
Add Remove				Doral, Fl 33166
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add .				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				. <u></u> .

amending or adding additional Articular tach additional sheets, if necessary).	(Ra spacific)
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen:
(if not applicable, marcule WA)	
	····

The date of each amendment(s) adoption:
Effective date if applicable: 02/07/2017
(ho more than 90 days after amendment file date)
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)
☐ 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.
Dated $02/07/2017$
Signature Don Raso Mario
(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)
Sontiaso Medina
(Typed or printed name of person signing)
President
(Title of person signing)