P160000 69216

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MIAMI BUYS IN	С	,
	BER: P16000069216		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Alessandra Piras		
		Name of Contact Person	1
	CINOTTI LLP		
		Firm/ Company	
	66 W Flagler Street #1002	·	
		Address	
	Miami, FL 33130		
	**************************************	City/ State and Zip Cod	e
apir	as@cinottilaw.com		
		sed for future annual report	notification)
	on concerning this matter, plea		
Alessandra Piras		at (577-2291
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Dep	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)
Nı	siling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tal	llahassee, FL 32314	2661 Executive Center Circle	
		Tallah	assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	ion as currently filed with the Florida De	ept. of State)
16000069216		
(Docum	ment Number of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation	adopts the following amendment(
If amending name, enter the new name of the co	orporation:	
		The new
me must be distinguishable and contain the wot Corp.," "Inc.," or Co.," or the designation "Corp and "chartered," "professional association," or the	o," "Inc," or "Co". A professional corpo	rporated" or the abbreviation oration name must contain the
Enter new principal office address, if applicable	<u></u>	
rincipal office address <u>MUST BE A STREET ADI</u>	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:	036	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
). If amending the registered agent and/or registe	ered office address in Florida, enter the n	name of the
. If amending the registered agent and/or registe new registered agent and/or the new registered		name of the
new registered agent and/or the new registered		name of the
		name of the
new registered agent and/or the new registered		name of the
new registered agent and/or the new registered Name of New Registered Agent	office address:	
new registered agent and/or the new registered	office address:	, Florida
new registered agent and/or the new registered Name of New Registered Agent	office address: (Florida street address)	, Florida
Name of New Registered Agent	office address: (Florida street address)	, Florida
Name of New Registered Agent New Registered Office Address: We Registered Agent's Signature, if changing Registe	(Florida street address) (City) gistered Agent;	, Florida(Zip Code)
Name of New Registered Agent New Registered Office Address: Week Registered Office Address:	(Florida street address) (City) gistered Agent;	, Florida(Zip Code)
Name of New Registered Agent New Registered Office Address: Week Registered Office Address:	(Florida street address) (City) gistered Agent;	, Florida(Zip Code) (Zip Code) ions of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	i office address: (Florida street address) (City) gistered Agent; I am familiar with and accept the obligate	, Florida(Zip Code) ions of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	(Florida street address) (City) gistered Agent;	, Florida(Zip Code) ions of the position.
Name of New Registered Agent New Registered Office Address: New Registered Office Address: we Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	i office address: (Florida street address) (City) gistered Agent; I am familiar with and accept the obligate	(Zip Code) ions of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	i office address: (Florida street address) (City) gistered Agent; I am familiar with and accept the obligate	(Zip Code) ions 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	FABRIZIO MANI	66 W Flagler Street #1002
Add			Miami, FL 33130
X Remove			
2) Change	s	GIUSEPPE INGA SIGURTA'	66 W Flagler Street #1002
X Add			Miami, FL 33130
Remove	,		######################################
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change	<u></u>		
Add		- · · · · · · · · · · · · · · · · · · ·	
Remove			
5) Change			
Add		· -	
Remove			
6) Change			
6) Change			
Add			
Remove			

ttach <i>additional s</i>	ding additional Ar heets, if necessary).	. (Be specific)	15c131 1161 C		

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					<u></u> .

an amendment	provides for an ex	change, reclassif	ication, or cancel	lation of issued sh	<u>tres.</u>
provisions for im if not applica	plementing the anable, indicate N/A)	<u>rendment if not (</u>	contained in the a	mendment itself:	
.					
		<u>,</u>	 		
	<u></u>				· - · · · · · · · · · · · · · · · · · ·
					

The date of each amendment(s) adop date this document was signed.	tion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopte action was not required.	al by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
Dated	
Signature × C	Javia Lo. Coloni
selected, i	for, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
G	LAUCIA COLOSSI
	(Typed or printed name of person signing)
D	rector
	(Title of person signing)

ATTORNEYS-AT LAW

66 West Flagler Street, Suite 1002 Miami, FL 33130 Tel: (786) 577-2291 Fax: (646) 478-9147

WWW.CINOTTILAW.COM

September 7, 2016

Amendment Section Division of Corporation PO BOX 6327 Tallahassee, FL 32314

Re: MIAMI BUYS INC

Dear Sir/ Madam,

Enclosed you will find the Articles of Amendment to Articles of Incorporation and one check of \$35 for the filing fee.

For any questions please do not hesitate to contact our office.

Sincerely,

Alessandra Piras, Esq.