Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FEB - 1 2019

P.O. Box 6327

Tallahassec, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MILMAN INTERNATIONAL CORP DOCUMENT NUMBER: P16000085196 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NELSON ODELLA Name of Contact Person PRESIDENT Firm/ Company **4474 WESTON RD STE 315** Address **DAVIE, FL 33331** City/ State and Zip Code LENSUR-ACCOUNTING@LIVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NELSON ODELLA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Cortified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Muiling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of FILED

2019 JAN 31 AM 9:47

MILMAN INTERNATIONAL CORP		TALF AND DESTATE
(Name of Corporation	s currently filed with the Flori	da Dept. of State)
P16000085196		
(Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1005, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration;	
		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abh	Inc," or "Co". A professional	'incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter ce address:	the name of the
Name of New Registered Agent	····	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	wed Agent: In familiar with and accept the ob	ligations of the position.
	Ch. D. L.	
Signalta	re of New Recistered Agent, if chi	angme

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)

Example:

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.

X Change	<u>PT</u>	<u>Ιο</u> ήπ Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$⊻</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P/S	NELSON ODELLA	4474 WESTON RD
Add			STE 315
X Remove			WESTON, FL 33331
2) Change	P/S	LAURA PERDOMO	4474 WESTON RD
<u>X</u> Add			STE 315
Remove			WESTON, FL 33331
3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			,
Remove			
S) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)
 	
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f an amendment provides for an excha	unge, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exchi- provisions for implementing the amen (if not applicable, indicate N/A)	unge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	unge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen (if not applicable, indicate N/A)	adment if not contained in the amendment itself:

	01/30/2019	
The date of each amendment(s) date this document was signed.	Adoption:	, if other than the
-	30/2019	
Effective date if applicable:		
	(no more than 90 days after amondment file date)	•
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
01/30/201 Dated	9	
Signature	Lourel	
(Flya sclect	director, president or other officer – if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	LAURA PERDOMO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	