P17000003698

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dualitess Littly Name)				
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DIVISION OF CORPORATION 17 APR 21 AM 91 42

C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF	CORPO	RATION: MJ Williams PA						
DOCUMEN	NT NUMI	BER: P17000003698						
The enclosed	d <i>Articles</i>	of Amendment and fee are su	ibmitted for filing.	•				
Please return	ı all corre	spondence concerning this ma	tter to the following:					
		Michael Williams						
		Name of Contact Person						
			Firm/ Company					
		10700 Caribbean Blvd. Sun	te 301					
			Address					
		Cutler Bay, FL 33189						
			City/ State and Zip Code					
	mich	acl.williams9@outlook.com						
		E-mail address: (to be us	sed for future annual report	notification)				
For further in	,	n concerning this matter, pleas	305	942-8548				
		of Contact Person	at (de & Daytime Telephone Number				
Enclosed is a		r the following amount made		,				
\$35 Filin	ng Fee	□\$43.75 Fiting 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)				
, fa)	Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

Articles of Amendment to Articles of Incorporation of

MJ Williams PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000003698	3		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new name of the corporation:			
Michael Williams Home Selling Team, Inc.	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	10700 Caribbean Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 301		
	Cutler Bay, FL 33189		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10700 Caribbean Blvd.		
	Suite 301		
	Cutler Bay, FL 33189		
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.		
Signature of New	Registered Agent, if changing		

v. 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3)Change				
Add		_		
Remove				
Remove				
4) Change		_		
Add				
Remove				
Sharan				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
•		
· · · · · · · · · · · · · · · · · · ·		
		•
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(i) not apprication, material (viri)		
		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
4/18/2017 Dated		
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Michael Williams	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	