P17000005342

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



05/10/19--01011--004 **35.00

2019 NAY 10 A 2: 58
MIT AND SECTION AND A

WAY 21 2013 T. LTT 31 EUX

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: Haw ragpous + Company of Miami Irc,			
DOCUMENT NUMBER: P17000005342			
The enclosed Articles of Amendment and tee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person Deborah Melendez Firm/ Company			
Hairrageous + Company of Miami Irc			
13741 SW 173 Terr. Miami, Fl 3317			
E-mail address: (to be used for fewer annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (305) 498-0622 Area Code & Daytime Telephone Number			
Enclosed is a cheek for the following amount made payable to the Frontial Department of outle.			
35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

<i>,</i> \	01	C 5	H FF TO
Hairrageous		<u> </u>	month I ha
Name of C	Corporation as currently i	filed with the Florida Dept.	of State)
P	7000005	342^{2019} M	Y 10 A 2:58
		Corporation (if known)	There Y I Stiff to
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this Fl	orida Profit Corporation add	pts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	o". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if a	pplicable:	13741 SW	173 terr.
(Principal office address MUST BE A STRI	EET ADDRESS)	Miami, Fl	33177
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		Deburah 13741 sw Miami, F	Melendez 173 Terr Fl 33177
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the name	e of the
Name of New Registered Agent	Deborah	Melende-	<u>Z</u>
	13741 Sa		
	(Florida stree	•	
New Registered Office Address:	Miam	City)	Florida <u>33 177</u> (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere		th and accept the obligations	of the position.
	eboral-M	elender /	
	Signature of New Res	Couch gistered 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 titte:

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
l) Change	P	Tracil. Melton	8520 SW 133 AVE
Add Remove			Mani, Fl 33183
2) K Change	P	Deborah Melendez	13741 SW 173 terr
Add Kemove 3) Change			Miami, Fl 33177
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Vamous			

	(Be specific)		
U	'] A		
	<u> </u>		<u> </u>
<u> </u>			
		·	
			, , , , , , , , , , , , , , , , , , ,
		 	
			
			
			<u></u>
n amendment provides for an exch ovisions for implementing the ame	nange, reclassification, or co	ancellation of issued :	snares.
(if not applicable, indicate N/A)	innient ii not contained iii	the anxioment user	<u></u>
(i) in approximation (iii)	11/2-		
	<i>\UH</i>		
	1		
			

The date of each amendment(s) adoption: May 27, 2019 if other than the
date this document was signed.
Effective date if applicable: MUD DO 9 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK C
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)
LI 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.
Signature Deboral Nulanda
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)
Deboral Me fendez
(Typed or printed name of person signing)
Tresident
(Title of person signing)