# P17000015159

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ Modus Epicurus 1 Inc DOCUMENT NUMBER: P17000015759 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chuck Jones Name of Contact Person Modus Epicurus Firm/ Company 200 S BISCAYNE BLVD SUITE 2970 Address MIAMI, FL 33131 City/ State and Zip Code cjones@moduspeicurus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 351-0642 Area Code & Daytime Telephone Number Chuck Jones Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

### Articles of Amendment to Articles of Incorporation of

Modus Epicurus I Inc

(Name of Corporation as currently	filed with the Florida Dept. of State	:)		
		-		
(Document Number of C	Corporation (if known)	-		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the	following	amend	lment(s) to
A. If amending name, enter the new name of the corporation:				
Modus Epicurus Inc			The n	iew
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation nan	r the ab	breviat.	ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				<del>-</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRI	2017 140	- - -
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	288 K	0V -9 PH	
new registered agent and/or the new registered office address:		Si	<del></del>	U
Name of New Registered Agent		<u> </u>	53	
	address)			
	, Florida_ <i>iity)</i>	(Zip C	ode)	_
(Florida street New Registered Office Address:	Florida	(Zip Co		Í
Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the m	osition.		
	, , , , , , , , , , , , , , , , , , ,	•		
Signature of New Reg	istered 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 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.

viike Jones, v as Kemove V-samels	r, una Sai	iy Smitti, Sv as an Aaa.	
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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			***************************************
Add			
Remove			
2) Change	-		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	···· -		
Add			
Remove			
5) Change			
Add		<del>-</del>	
Remove			
Kellove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
	<del>-</del> -
4.2 11.71	
<u>.</u>	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date if applicable:	
(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 w locument's effective date on the Department of State's records.	rill not be listed as th
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.	
November 3, 2017 Dated	
Signature (30)	
(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)	
Chuck Jones	
(Typed or printed name of person signing)	<del></del>
VP	

(Title of person signing)