P17000024485

(Re	questor's Name)	
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MAR 1.3 2018 2018

COVER LETTER

TO:	Amend	ment	Section	
	Divisio	on of (orpora	tions

NAME OF CORPORATION: MIGMI STYCE INC					
DOCUMENT NUMBER: P17000024485					
the enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
Melvin COStoso JR Name of Contact Person					
Name of Contact Person					
MIAMI SIYCE INC					
Firm/ Company					
15900 West Bunche Park Drive					
Address					
ofa 10cka, F1 33054					
City/ State and Zip Code					
Mcostosoure yahoo. Com					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
MEIVIN COSTOSO JR at (100) C110 - 1119 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MIGMI STYCE I	NC			
(Name of Corporation as currently	· - ·	itate)		
P1700002448	· · · · · · · · · · · · · · · · · · ·			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts	the followin	g amend	lment(s) to
A. If amending name, enter the new name of the corporation:				
NIA			The r	new
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 "	Co". A professional corporation		<u>b</u> hreviat	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA			_
			<u>~</u> .	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	HAR I	_ 111 537
			1->	_, <u>`</u> , ``
D. If amending the registered agent and/or registered office address:		the ?>	<u></u> တ	_
Name of New Registered Agent N 17	. <u> </u>		_	
W. C.			_	
(Florida stre	eet address)			
New Registered Office Address:	, Flor	rida	Code)	_
	(-1,5)	12.42	Concy	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of t	he position.		
Signature of Name B	egistered Agent, if changing		_	
Magnature of New K	egisierea Ageni, ij 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.

Mike Jones, V as Remove Example:	z, and Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
\underline{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	PS1	Yesyka Kareli	15900 West Bunche
Add			PArk Drive OPA 10CKa, FI 33054
2) Change Add			
Remove	_		
3) Change			
Remove			
4) Change Add Remove			
5) Change	_		
Remove			
6) Change Add			
Remove			

E. If amending or adding additi (Attach additional sheets, if need	onat Articles, enter chang cessary). (Be specific)	(e(s) here:		
NIA	***			
<u> </u>				
-				
· · · · · · · · · · · · · · · · · · ·				
			•	
F. If an amendment provides for provisions for implementing	<u>r an exchange, reclassific:</u> the amendment if not co	ation, or cancellation (ntained in the amendn	of issued shares, nent itself:	
(if not applicable, indica	e N/A)			
NIA				
	 	·		
			<u> </u>	
•				

The date of each amendment(s) adoption:	March	<u>(0,</u>	2018	, if other than the
date this document was signed. Effective date if applicable:	March	6,	2018	
Enective date in applicable.	(no more than 90 day:	s after an	nendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		statutory	filing requirements	, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
☐ The amendment(s) was/were adopted by the short by the shareholders was/were sufficient for ap		ber of vo	tes cast for the ame	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g				
"The number of votes cast for the amend	ment(s) was/were suff	icient for	approval	
by	ng group)		.,,	
(votii	ng group)			
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors witho	out sharel	nolder action and sh	areholder
The amendment(s) was/were adopted by the ir action was not required.	corporators without sl	nareholde	er action and shareh	older
Dated MYLYCh	6,2018	_		
	7/7			
Signature (B) a director, presid	ent or other officer - i	fdirector	re or officers have n	ot been
	porator If in the hand			
appointed fiduciary t				
_me	Ivin Co	5.40	050 .](2
Т)	yped or printed name	of persor	n signing)	
_	$\vee D$			
11.	(Title of per	son signi	ng)	