## P170000 25268

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MIRIK Enterprises	s Inc	
DOCUMENT NUMI	P17000025268		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Erik Lucks		•
		Name of Contact Person	1
	Mirik Enterprises Inc		
	·	Firm/ Company	<u> </u>
	4581 W Moockingbird St	• •	
		Address	
	Homosassa, FL 34446		
		City/ State and Zip Cod	e
lucks	roof@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Erik Lucks		352 at (	364-7924
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisic Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Articles of

MIRIK ENTERPRISES INC			FILF
(Name of Corporati	tion as currently filed with	the Florida Dept. of State)	
P17000025268		20	Jul 22 10
(Docu	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Prof</i>	it Corporation adopts the	under Same services
A. If amending name, enter the new name of the o	corporation:		
name must be distinguishable and contain the we	ord "corporation," "compar	ny," or "incorporated" or	Thenew
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the		jessional corporation name	' must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
			<u></u>
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )		
		·	
D. If amending the registered agent and/or registe		la, enter the name of the	
new registered agent and/or the new registered	d office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the po.	sition,

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = Ci Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

V D			
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>	Address
1) Change	P	Michael Stevens	4581 W Mockingbird St
Add X Remove			Homosassa, FL 34446
2) Change			_
Add			
3 ) Change Add		_	_
Remove			
4) Change		<del></del>	<del>-</del>
Add Remove			
5) Change		_	
Add Remove			
6) Change			
Add Remove			

L. It amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Erik Lucks is 100% Owner.
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
* <del>*</del>

•	07/15/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	ll not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/15/20 Dated	019	
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Erik Lucks	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	