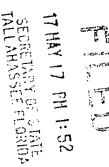
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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MADD HAUS UNLIMITED INC DOCUMENT NUMBER: P17000027612 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TASHA JEAN-NOEL Name of Contact Person MADD HAUS UNLIMITED INC. Firm/ Company 13800 NE 12TH AVE. APT. 519B Address NORTH MIAMI, FL 33161 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TASHA JEAN-NOEL 786 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: \$35 Filing Fee □\$43.75 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 is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

# MADD HAUS UNLIMITED INC

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

P17000027612
(Document Number of Corporation (if known)

ent(s) to

I AM UNLI	ne corporation:	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "company," c Corp," "Inc," or "Co". A profession	or "incorporated" or the abbreviatio
B. Enter new principal office address, if applic		
(Principal office address <u>MUST BE A STREET</u>	<u>4DDRESS</u> )	
	<u> </u>	
·	<u> </u>	
C. Enter new mailing address, if applicable:	' POV	•
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	
	<del></del> _	
D. If amending the registered agent and/or reg	istered office address in Florida, en	ter the name of the
new registered agent and/or the new registe		
Name of New Registered Agent		
	(Florida street address)	
		, Florida
New Registered Office Address	(City)	(Zip Code)
New Registered Office Address:	(6.5)	
New Registered Office Address:	,	
New Registered Office Address:  New Registered Agent's Signature, if changing		
New Registered Office Address:	l (Ttv)	(Zip Coae)

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.

X Change	<u>PT</u>	John Do	<u>oe</u>					
X Remove	<u>V</u>	Mike Jones						
X Add	<u>sv</u>	Sally St	mith_					
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s				
1) Change	<del> </del>	_						
Add				·				
Remove		٠						
2) Change								
Add								
Remove								
3) Change		_						
Add			·					
Remove								
4) Change				<u>.</u>				
Add		_						
Remove								
5) Change		_		·				
Add				·				
Remove								
6) Change		_						
Add								
Remove				•				

Attach additional sheets, if necessary).	icles, enter change(s) l (Be specific)		
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f an amendment provides for an exch	ange, reclassification,	or cancellation of issued sl	nares,
provisions for implementing the ame (if not applicable, indicate N/A)	nament ii not containe	ed in the amendment itself:	
		•	
(g not approved, marcine in)			
(g not approach; marcane intro		···	
(g not approved to	·		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :  (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 document's effective date on the Department of State's records.	ill 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.	
Dated05/04/2017	
Signature	
(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)	
TASHA JEAN-NOEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	