P17000029874

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	_
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer;	
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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: MYFAB INC
OCUMENT NUMBER: P17000029874
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Peter Weisberg Name of Contact Person Peter Weisberg, CPA Firm/Company 15300 Jog Rd: Suite 109 Address Delray Beach, FL 33446 City/State and Zip Code Pweisberg a ad. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Peter Weisberg at (954) 232-4651 Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
T\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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	FILED	
MYFA	BINC	2017 DEC = 7 DM	! ?· ɔn
(Name of Corporat	tion as currently filed with the Florida I		- 2-30
Piz	000029874		
(Docu	ment Number of Corporation (if known)	`~, v	
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	la Statutes, this Florida Profit Corporation	m adopts the following ame	ndment(s)
. If amending name, enter the new name of the c	orporation:		
		The	new.
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	p," "Inc," or "Co". A professional cor		
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>			
Enter new mailing address, if applicable:	***		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
		·	
			<u></u>
. If amending the registered agent and/or registe	ered office address in Florida, enter the	name of the	
new registered agent and/or the new registered			
Name of New Registered Agent			
	(Florida street address)	<u> </u>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
to Design Annual Sign Annual Statement	wintermad Amenda		
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		utions of the position.	
Sim	nature of New Registered Agent, if change	ino	
248	c by their regionered regent, y endings	···o	

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>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change	$\sqrt{}$	_	Eva-Marie Strom-Lauer	A30 Hutchinson St Hightstown NJ 085 3
Add				Hightstown NJ 0850
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u>. </u>	_		
Add				
Remove				

	(Be specific)		
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f an amendment provides for an exc	nange, reclassification, or c	ancellation of issued shares.	
	ndment if not contained in	the amendment itself:	
provisions for implementing the ame			
provisions for implementing the amo (if not applicable, indicate N/A)			
provisions for implementing the ame			
provisions for implementing the ame			
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provisions for implementing the ame			

The date of each amendment(s) adoption:date this document was signed.	11/28/17	, if other than th
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		quirements, this date will not be listed as th
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		or the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes cast for the amenda	ment(s) was/were sufficient for approva	ıl
by(voting	g group)	_ ."
☐ The amendment(s) was/were adopted by the bo action was not required.		tion and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action	and shareholder
Dated 1/28/17		
	ent or other officer – if directors or officer porator – if in the hands of a receiver, tr	
(T ₃	Peter Weisberg yped or printed name of person signing)
	reaswes (Title of person signing)	