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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 8 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MICHAELOPOUL	LOU, INC.			•	
DOCUMENT NUM	1BER: P17000045455	· .	· · ·	· · · · ·		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	•			
Please return all corr	respondence concerning this ma	tter to the following:				
	ANGELIKI MICHALOPOU	LOU				
		Name of Contact Person	1			
	MICHALOPOULOU, INC					
		Firm/ Company				
	1603 NE 2ND AVE APT 408	3				
		Address				
	MIAMI FL 33132					
		City/ State and Zip Cod	e			
	1.04			4		
·	E mail addresse (to be us	sed for future annual report	notification)	<del></del>		
For further informati	on concerning this matter, pleas	se call: 786	716-5405			
Name	e of Contact Person		de & Daytime Te	lephone Nu	mber	
Enclosed is a check	for 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)	Certificate of Certificate (Additional (is enclosed)	f Status py Copy		
, +1 <sup>+</sup>	ailing Address	Straat	Address			
	mendment Section	Street Address Amendment Section				
	vision of Corporations	Division of Corporations				
	O. Box 6327	Clifton Building				
Ta	illahassee, FL 32314		xecutive Center (assee, FL 32301	Jircle		
		, i allalla	10000, I'L JZJUI			

## Articles of Amendment Articles of Incorporation of

FILED

MICHAELOPOULOU, INC.		2017 JUN -5 AM 10: 32
(Name of Corporation	on as currently filed with the Florida De	ept. of State)
P17000045455		TALLAHASSEE, FLORIDA
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
MICHALOPOULOU, INC.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the designatio	" "Inc," or "Co". A professional corp abbreviation "P.A." <u>:</u>	porated" or the abbreviation pration name must contain the
Trincipul office unuress <u>MOST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ame of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		. Florida
iven Registered Office hadress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		ons of the position.
Signa	ature of New Registered Agent, if changing	<del></del>

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice h Executive Officer; CFO = held. President, Treasured Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example:	and/or D if necess rector tite President Chief i r, Directe in the fo ves the c	Director be sary)  le by the fit; T= Treater from the financial or would be llowing morporation by Smith, S.	eing added  rst letter of asurer; S= Officer. If be PTD. anner. Cum n, Sally Sm SV as an Ac	the office tite Secretary; D an officer/di crently John i ith is named	le: = Director; Ti rector holds m Doe is listed as	R= Tru nore the	stee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,		
X Change	<u>PT</u>	John Do	<u>e</u>						
X Remove	<u>V</u>	Mike Jo	ones						
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	٠			•		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s		
1) Change		_							
Add				,					
Remove							•		
2) Change		_	<del></del>						
Add		•							
Remove									
3) Change		_							
Add									
Remove			,						
4) Change					•				
Add		_				•			
Remove									
5) Change		<del>-</del>				•			
Add						٠.			
Remove									
f) Change		_							
Add									

Remove

1	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)
	•
•	
<u>f an amend</u>	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
	applicable, indicate N/A)
<u>provisions</u> (if not a	
(if not	

The date of each amendment(s)	05/24/2017 adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> : 🗻		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were		
☐ The amendment(s) was/were a	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	"	
•	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/24/2	:017	
DatedSignature	AM	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	ANGELIKI MICHALOPOULOU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	