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COVER LETTER

Division of Corp			
NAME OF CORPO	RATION: MISV86 ENTER	RPRISE CORP	
DOCUMENT NUM	BER: P17000068955		
The enclosed Articles	of Amendment and fee are	submitted for filing.	
Please return all corre-	spundence concerning this m	natter to the following:	
	MILTON SUAREZ		
		Name of Contact Perso	n
	19012 New COTTLE ALIGNA	Firm/ Company	
	18032 NW 59TH AVENUE		
	HIALEAH, FL 33015	Address	<u> </u>
		City/ State and Zip Cod	le
PLUZ	QUINOSF@HOTMAIL.CO	DM	
		sed for future annual report	(notification)
		•	,
For further information	concerning this matter, plea	se call;	
PEDRO LUZQUINOS	.	at (655-8413
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
inclosed 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 Filling Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations 30x 6327 assoe, FI. 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

MJSV86 ENTERPRISE CORP	OI.			
	of Corporation as currently	y filed with the Florida	Dept. of State)	 _
P17000068955				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this	t lorida ProfU Corporati	ion adopts the followi	ng amendment(s)
A. If affiending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	Nation "Corp." "Inc " or "i	"O" A professional co	curporated" or the a rporation name must	
B. <u>Enter new principal office address.</u> Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)		<u></u>	
Enter new mailing address, if appl	<u>lcable:</u>			
(Mailing address MAY BE A POST	OFFICE BOX)			
				**
Hamandian Wassalia				ٔ و
If amending the registered agent an new registered agent and/or the new	id/or registered office address:	ss in Florida, enter the	name of the	19
Name of New Registered Agent	MILTON SUAREZ			
	18032 NW 59TH AVENUE	E UNIT #103		-
	(Florida sire	t address)		-
New Registered Office Address:	ПАЦЕАН		, Florida	
	(0	Tiry)		Code)
			. ,	•
ew Registered Agent's Signature, if cl bereby accept the appointment as regist	nauging Registered Agent: ered agent. I am fumiliar wi	th and accept the obliga	tions of the position.	
	Milton S	uatu ustered Agent, if changi		
	Signature of New Re	ustered Agent, if changi	ng	

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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 PSI 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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	P	OSCAR BRICENO .	18032 NW 59TH AVENUE
Add X Remove			UNIT #103, HIALEAH, FL 3301
2) Change	VP	MILTON SUAREZ	18032 NW 59TH AVENUE
Add Remove			UNIT #103, HIALEA11, FL 33015
3)Change	<u>P</u>	MILTON SUAREZ	18032 NW 59TH AVENUE
X Add			UNIT #103, IIIALEAH, FL 33015
4) Change			
Remove		·	
Add			
Change	 _		
Remove			

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	nal Articles, enter chi ssary). (Re specific)			
				
			<u> </u>	
			·	
				
		<u> </u>		
		-		
				
				_
	n exchange, reclassifi Camendment if not c	ication, or enneella ontained in the an	tion of issued sha endment itself:	res.
an amendment provides for an ecosisions for implementing the (if not applicable, indicase No.	^(/A)			
tovisions for implementing the	//A)			
tovisions for implementing the	//A)			
tovisions for implementing the	//A)			
tovisions for implementing the	(/A)			
tovisions for implementing the	(/A)			
tovisions for implementing the	(/A)			

	09/20/2017	
The date of each amendment(s) adoption date this document was signed.	::	, if other than the
Effective date if applicable: 09/20/2017		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	nes not most the applicable statutory filing requirements, this date will not of State's records.	or be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.	
☐ The amendment(s) was/were approved to must be separately provided for each vo	by the shareholders through voting groups. The following statement string group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
09/20/2017 Dated		
Signature	Tilton Suaruy	
sclected, by an	president or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court liary by that fiduciary)	
MILTO	N SUAREZ	
	(Typed or printed name of person signing)	 .
PRESIL	DENT	
	(Title of person signing)	_