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SEP 2.7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	MD Intimates		
DOCUMENT NUM	P17000074908		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	David Klein		
	<u> </u>	Name of Contact Persor	1
	MD Intimates Inc		
		Firm/ Company	
	1600 S Ocean Blvd Unit 200	2	
		Address	
	Pompano Beach FL 33062		
		City/ State and Zip Code	2
dk41	04953@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
David Klein		at (410-4953
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building
	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

MD Intimates Inc	of	17 SEP 25 AM 10: 09	
(Name of Corporation a	as currently filed	ed with the Florida Dept. of State)	
P17000074908		ACMIES 1 1 ESMINOS	
(Document	Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Floria</i>	ida Profit Corporation adopts the following amenda	ment(s) to
A. If amending name, enter the new name of the corpo	oration:		
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	"Inc." or "Co".	. A professional corporation name must contain t	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		in Florida, enter the name of the	- - -
Name of New Registered Agent			
	(Florida street add	ddress)	
New Registered Office Address:	(City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		and accept the obligations of the position.	
Signatur	re of New Registe	tered Agent, if changing	

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.

Example: X Change	<u>PT</u>	John Doe	
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>	<u>Addres</u> s
1) Change	P	Michael Klein	1600 S Ocean Blvd 2002
x Add			Pompano Beach FL 33062
Remove			
2) Change	CEO	David Klein	1600 S Ocean Blvd 2002
X Add			Pompano Beach FL 33062
Remove			
3) Change			
Add			
Remove			
4) Change		_	_
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	g or adding additional a litional sheets, if necessar					
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lf an amen	dment provides for an o	exchange, reclassi	fication, or cance	ellation of issued	shares,	
provision: (if not	s for implementing the a applicable, indicate N/A	<u>imendment if not</u>)	contained in the	amendment itself	<u>f:</u>	
· .=						

The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, the nent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	ed by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareh	nolder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	r
selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other	
appointed fi	iduciary by that fiduciary)	
Dav	rid Klein	
	(Typed or printed name of person signing)	
CEC		
	(Title of person signing)	