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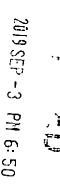
(Re	equestor's Name)	)	
(Ac	idress)		
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(Cil	ty/State/Zip/Phon	ne #)	_
PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificate	es of Status	_
Special Instructions to	Filing Officer:		7
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## **COVER LETTER**

TO: Amendment Section Division of Corpo			
NAME OF CORPOR		for Le	iss, INC-
DOCUMENT NUMB		00007626	
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
-	Pompa	Firm/ Company  Address	5, INC 3rd Ave Apt2 Fl 33064
For further information	concerning this matter, pleas	se call:	
Micho	rel Fortu	<u>и е</u> аг ( <u>186</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
	ing Address adment Section	<u>Street</u> Ameno	Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

Articles of Incorporation	on . (_#
Auto For Les	5, INC . 2019 SEP - 3 PH 6:
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida F</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Zeco Miani, INC.	The new
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation professional corporation name must contain the
(Principal office address MI/ST RE A STREET ADDRESS)	33 NE 167 TST e 517 orTh Mami Beach, Fl 331
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  57-6	
.Noc	The Manne Beach, F13316-
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:  Name of New Registered Agent  1440 E. M.  (Florida street address:  New Registered Office Address:  New Registered Office Address:  (City)	FOITURE. OWRY Drive Apt 107
New Registered Agent's Signature, if changing Registered Agent:	

Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

Signature of New Registered Agent, it 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Vρ	Bernard Fortuse	3520 NW 3rd Ave
Add Remove			Apt 2- fompano Beach, F
2) Change			
Add			
Remove 3)Change	VP	Maykie Fortune	1440 E Mowing Drive
Add Remove		•	Apt 107 HomesTead, Fl 3303
4) Change			
Add Remove			
5) Change			<u></u>
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	additional Articles, enter change(s) here: if necessary). (Be specific)
If an amendment provice provisions for implement (if not applicable, in	des for an exchange, reclassification, or cancellation of issued shares, enting the amendment if not contained in the amendment itself: indicate N/A)
	MA

The date of each amendment(s) add date this document was signed.	ption:	29/2019	, if other than the
Effective date if applicable:			
	(no more than 90	) days after amendment file o	late)
Note: If the date inserted in this blo document's effective date on the Department.		able statutory filing requirer	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff		number of votes east for the	amendment(s)
☐ The amendment(s) was/were appromist be separately provided for e			
"The number of votes cast fo	or the amendment(s) was/were	e sufficient for approval	
ьу	MAL	<u> </u>	
	(voting Lyoup)		
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors	without shareholder action a	nd shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators with	out shareholder action and sh	archolder
Dated	129/2019		
\$1. market	(	e Muse	
Signature (By a dire	ector, president or other offic	er if directors or officers ha	ive not been
	by an incorporator – if in the diduciary by that fiduciary	hands of a receiver, trustee,	or other court
арропис	a inductary by that inductary)		
_	MICHAE	El SORTUNE	
	(Typed or printed r	name of person signing)	
	7	7	
_	(Title o	of person signing)	