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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MOWZOON DEVI	ELOPMEN'T INCORPERA	ATED	
DOCUMENT NUMI	BER: P17000085835			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	MAX MOWZOON			
		Name of Contact Persor		
	MOWZOON DEVELOPMENT INCORPERATED			
		Firm/ Company		
		Address		
	1900 N BAYSHORE DR #10	800		
		City/ State and Zip Code		
MIA	MI, FL 33132			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
HOOMAN AKHTAF	11	at (600-9400	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	artiment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MOWZOON DEVELOPMENT INCORPORATED

(Name o	of Corporation as curren	itly filed with the Florida Dept. of Stat	te)
P17000085835			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
MOWZOON CONSTRUCTION INCOM	RPORATED		✓ The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation nat	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1900 N BAYSHORE DR #1008	
		MIAMI, FLORIDA 33132	量力
			- 12 F
		·	四四
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		1900 N BAYSHORE DR #1008	r.3
	 	MIAMI, FLORIDA 33132	3
			•••
		,	
D. If amending the registered agent and or the new			<u>.</u>
new registered agent and/or the new registered office address: MAX MOWZOON		<u>58.</u>	
Name of New Registered Agent	1900 N BAYSHORE DI	D #1000	
		street address)	
	MIAMI, FLORIDA		33132
New Registered Office Address:		, Florida , Florida	(Zip Code)
		•	•
New Registered Agent's Signature, if c	hanging Registered Ager	<u>it:</u>	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the p	osilion.
	Signature of New	Registered 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.

X Change	<u>PT</u> <u>Joh</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PCFO	PARINAZ IGHANI	HILE FLAGLER ST, APT 704
Add			MIAMI, FLORIDA, 33131
Remove			
2) X Change	V	HOOMAN AKHTARI	III E FLAGLER ST, APT 704
Add			MIAMI, FLORIDA, 33131
Remove			
3) X Change	CEO	MAX MOWZOON	1900 N BAYSHORE DR #1008
Add			MIAMI, FLORIDA 33132
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
/ Add			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Ru spacific)
. ^	
NH	
······································	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NIA	
D1#	
<u> </u>	

05/01/2018		
The date of each amendment(s) adoption:	, if o	other than the
date this document was signed.		
05/01/2018		
Effective date if applicable:		
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's r	the applicable statutory filing requirements, this date will not be records.	e listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
■ The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group e		
"The number of votes east for the amendment(s	•	
by(voting grow	·"	
(voting grou	φ)	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorpor action was not required.	rators without shareholder action and shareholder	
05/01/2018 Dated		
(By a director, president or	other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court fiduciary)	
PARINAZ IGHAN	I	
(Typed o	or printed name of person signing)	
PRESIDENT AND	CFO	
	(Title of person signing)	