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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: MiCH AND ISSA INC
DOCUMENT NUMBER: # 17000043 474
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
15.11 Doud
Name of Contact Person Name of Contact Person Firm/ Company Name of Contact Person Firm/ Company
815 Wisinia Dr
Orlando, F/A-32807
City/ State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 896-3000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$35 Filing Fee & Certificate of Status Certificate of Status \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to Articles of Incor	noration !	Ell ru
A of	poranou	FILED
Wick A	ul ISSA	Julia
(Name of Corporation as currently f	iled with the Florida Dep	ot. of State
P 170009	13474	The state of the s
Document Number of C	orporation (if known)	THE PROPERTY OF THE PARTY OF TH
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flo	reida Profit Carparation (idents the following amendment(s) to
its Articles of Incorporation:	riuu i roju Corporuuon i	adopts die following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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	<u></u>	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered coast and/or registered offer address	i- Marida and the same	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the na	me of the
Name of New Registered Agent MidAl	Algabal	AN
4408 C (Florida street)	urry Ford	Road Sale 4
New Registered Office Address: (City	mudo	, Florida 3287 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligation	ss of the position.
Signapore of New Regi	stered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	,
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name Address	
1) Change	P NidA HIGABAIAN 4408	Cury Fords
-X Add	Orlean	SHA 3280
Remove	·	
2) Change	Wick KADAMN 440	& Can For
Add	- Orlma	1 1/p 3280
Remove		
3) Change		
Add		
Remove		· · ·
4) Change		-
Add	.1 	 .
Remove		
5) Change		
Add	 	
Remove		
6) Change		 -
Add		<u> </u>
Remove	•	

	if necessary).	(Be specific)	s) here:		
					
					
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an amendment provides rovisions for implement (if not applicable, indi	ting the amend	nge, reclassificatio	n, or cancellation ned in the amend	of issued shares, nent itself:	

The date of each amendment(s) adoption date this document was signed.		, if other than the
Effective date if applicable:	11/28/2017	
	(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	pes not meet the applicable statutory filing requirements, thing of State's records.	s date will not 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 cast for the amendment for approval.	ent(s)
☐ The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The following stat ting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast for the a	mendment(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 shareho	older
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated/	1 DANS	
Signature		
(By a director, p selectrin, by an i	resident or other officer and directors or officers have not been necessary or officers have not been necessary by that fiduciary)	en ourt
——————————————————————————————————————	Milal Algaboton	
	(Typed or printed name of person signing)	
	(Title of person signing)	