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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MBMIA ENTERP	PRISES INC			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filir	ığ.		
Please return all corres	pondence concerning this ma	tter to the follo	wing:		
	MANUEL ROMERO				
-		Name of Co	ntact Persoi	1	
	MBMIA ENTERPRISES IN	С			
-		Firm/ C	ompany		
	123 MADEIRA AVE., UNIT	Γ 201			
•		Ado	lress		
	CORAL GABLES, FL 3313	4			
-	· · · · · · · · · · · · · · · · · · ·	City/ State a	nd Zip Cod	e	
MAN	GOBICHEMIA@OUTLOOI	K.COM			
	E-mail address: (to be us	sed for future ar	inual report	notification)	
For further information	concerning this matter, pleas	se call:			
MANUEL ROMERO			786	371 - 8650	
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the I	Torida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fill Certified C (Additional enclosed)	opy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Ame		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MBMIA ENTERPRISES INC

(Name of Corporation as cu	arrently filed with the Florida Dept. of State)
P18000052860	
(Document Nun	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Making Lauress <u>PART DENT OFF TO LED BOTH</u>)	3-7 ····
	The second secon
	· · · · · · · · · · · · · · · · · · ·
). If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	
Name of New Registered Agent	
	∑
(Flo	rida street address)
V 0 100 111	P1 - 14.
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent:
hereby accept the appointment as registered agent. I am fan	
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	PT	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>	Address		
1) Change	VP	RENE ONATE	8721 SW 41 ST		
Add			MIAMI, FL 33165		
X Remove					
2) Change					
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	r than the
nate this document was signed.	
Effective date <u>if applicable</u> :	-
(no more than 50 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting 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 the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
January 20th, 2019	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MANUEL ROMERO	
(Typed or printed name of person signing)	-
PRESIDENT	
(Title of person signing)	-