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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MIKYWAYS ha					
DOCUMENT NUMBER: P1800071095					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
Kuin Cossio					
_	Name of Contact Person				
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	14400 SULL				
<del>-</del>	1-1900 300 1	Address			
	19400 SW 112 Ferrace  Address  Miami, FL 33186  City/ State and Zip Code				
-		City/ State and Zip Code	e		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kevin Cossiu au 786, 261-4911					
Name of	Name of Contact Person at (786), 261-491)  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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)		
	ng Address		Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building					
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

18 SEP 12 PM 12: 1

## Articles of Amendment to Articles of Incorporation

of

Milkyways Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of Pursuant to the provisions of section 607,1006, Florida Statutes, this Fits Articles of Incorporation:	Corporation (if known)  Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp."	Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "I  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17013 So Dixie Hwy. Palmeto Bay, Fl
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	331S7 6 52 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent	
New Registered Office Address: WA	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	, , , , , , , , , , , , , , , , , , ,

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	S	Amich Cossio Si	: 1765 Dogwood		
Add			Drive Marco island		
Remove			FL 34145		
2) Change					
Add					
Remove					
3) Change	<del></del>				
Add			<del></del>		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending of	adding additional Arti	cles, enter change(s)	here:		
	nal sheets, if necessary).	(Be specific)			
N)	A				
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C 16 an amanda				·	
provisions for	ent provides for an exchering the amer	ange, reciassification adment if not contain	<u>i, or cancellation of</u> sed in the amendme	nt itself:	
(if not app	olicable, indicate N/A)				
$\mathcal{N}$	Δ.				
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			<del></del> -		
	····				
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		<u>-</u>			

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable:  \( \bigcup \bigcup \bigcup \left\) (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed 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 cast 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.	
Dated 9/8/2018 Signature WWW.iic	
Signature Www. William Signature	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Kevin Cossio	
(Typed or printed name of person signing)	
President	· · · · · · · · · · · · · · · · · · ·
(Title of person signing)	