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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: 5 M V.	MYL INC	<u>-</u>	
DOCUMENT NUMB	BER: <u>P/80000</u>	78764		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	STEVEN	MILES		
		Name of Contact Person		
	5~ ~	NYL INC		
		Firm/ Company		
	9252 50	am JUSH BL	VD #1402	
	, , ,	Address	VD #1402	
		City/ State and Zip Code	32257	
	E-mail address: (to be us	·	notification)	18 OCT 15
STEVEN	MILET	21 904	1437-15°P1	PH 5: L7
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	- 5 A
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:	JOHS TOHS
☐ \$35 Filing Fee	☐S43.75 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)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the Florida Dept. of State)
(Document N	Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES.	9252 SAN JUSE BLVD #1
Thicipul Office address MOST BE A STREET ADDRES.	JACKSON VILLE FL
	32257
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9252 SAN SUSE BLUD # 140
	JACKSONVILLE FL =
	32257 8
. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	25
	5 5
·	Florida street address)
New Registered Office Address:	(City), Florida (Zip Code)
	(mp sint)
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	
	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.

Example: X Change	<u>PT</u> John I	Ooe	
X Remove	V Mike	Jones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	MNGR	LARRY SACKSON	
Add Remove			
2) Change Add	<u>P</u>	STEVEN MILEY	
Remove 3) Change Add		<u> </u>	
Remove 4) Change Add			
Remove  Change Add			
Remove Change Add Remove			

	sieces, y receasur, y.	(Be specific)		
	<del> </del>	<del></del>		
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				<u></u>
			<del></del>	<del></del>
	<del></del>			
		<del></del>		<del></del> -
<del></del>	<del></del>		4	
an amendment	t provides for an exch	ange, reclassification, or cancel	lation of issu	ed shares,
provisions for it	t provides for an exch mplementing the ame cable, indicate N/A)	nange, reclassification, or cancel andment if not contained in the a	lation of issu mendment it	ed shares, self:
orovisions for in (if not applie	mplementing the ame cable, indicate N/A)	nange, reclassification, or cancel ndment if not contained in the a	mendment it	self:
orovisions for in (if not applie	mplementing the ame cable, indicate N/A)	ndment if not contained in the a	mendment it	self:
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orovisions for in (if not applie	mplementing the ame cable, indicate N/A)	ndment if not contained in the a	mendment it	SHARE'S
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orovisions for in (if not applie	mplementing the ame cable, indicate N/A)	ndment if not contained in the a	mendment it	SHARE'S

The date of each amendment(s) adoption: 10/08/18	, if other than the
tere min adamient were a Date.	
Effective date if applicable: /0/08/18	
Effective date if applicable: 10/08/18 (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 will document's effective date on the Department of State's records.	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)	
(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 10/08/18  Signature 10/08/18	<u> </u>
Signature put	
(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)	
STOVON MILES (Typed or printed name of person signing)	<del></del>
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	