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AND ASSET OF ORIDA

JUN 28 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAN MIRACLE S	ERVICES & MORE, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANA A PAULINO		
		Name of Contact Perso	n
	IAN MIRACLE SERVICES	& MORE, INC	
		Firm/ Company	
	31 WAGON CIR	, ,	
		Address	
	KISSIMMEE FL 34743		
		City/ State and Zip Cod	le
INFO	@NADIESABEMAS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANA A PAULINO		at (535-3325
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

IAN MIRACLE SERVICES & MORE, INC.

(Name of Corporation as cu	<u>rently filed with the Flori</u>	da Dept. of State)		
P18000088928				
(Document Nur	ber of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Floridu Profit Corpor</i>	vation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation	n:	_		
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A professional			
B. Enter new principal office address, if applicable:	LORENZO E. TA	VAREZ PAULINO		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	31 WAGON CIR	31 WAGON CIR		
	KISSIMMEE, FL	34743		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.5. 19		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the		
Name of New Registered Agent LORENZO E. TAVA	AREZ PAULINO			
1 WAGON CIR		25 × 25 × 25 × 25 × 25 × 25 × 25 × 25 ×		
(Flor New Registered Office Address:	da street address)	34743 Florida		
	(City)	(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 obligations of the position.

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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	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>	<u>Addres</u> s
l) Change	РТ	LORENZO E. TAVAREZ PAULIN O	31 WAGON CIR
X Add			KISSIMME, FL 34743
Remove			
2) X Change	V	ANA A PAULINO	31 WAGON CIR
Add			KISSIMME, FL 34743
Remove			
3) Change			7 <u>7</u> S
Add			
Remove			
4) Change			
Add			70 6
Remove			÷,
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
				
				
				
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				-
				
		E	19	
			MUL	'1
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	S. 27.	17	,
(if not applicable, indicate N/A)	when the larger	m <u>s</u>	70	m
			75 	
		ORIE TARE	Co Co	
		7. 33 T	<u></u>	
				
		-		

	06/10/2019	
The date of each amendment(s) addate this document was signed.	doption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were appropriate the separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.		
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/10/2019 Dated	1 1 .	
Signature	, 1/ (h (h) ===============================	<u>5</u>
(By aid selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	ANA A PAULINO	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	

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