P18000102585

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: EVERYWHERE M	IIAMI INC		
	UMBER: P18000102585			
The enclosed <i>Arti</i>	cles of Amendment and fee are sul	bmitted for filit	ng.	
Please return all c	orrespondence concerning this mat	ter to the follo	wing:	
	LUIS ORDONEZ			
		Name of Co	ntact Persor	1
	EVERYWHERE MIAMI INC	2		
		Firm/ C	ompany	-
	300 S BISCAYNE BLVD AP	T 828		
		Ado	lress	
	MIAMI FLORIDA 33131			
		City/ State a	nd Zip Code	2
	info@everywheremiami.com	L		
	E-mail address: (to be us	ed for future ar	nual report	notification)
	nation concerning this matter, pleas	e call:		
LUIS ORDONEZ	·	at (786	_) 4830171
Na	ime of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made p	payable to the I	Florida Depa	artment of State:
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	Сору	S52.50 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		Amend Divisio The Co 2415 N	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



EVERYWHERE MI	AMI	INC
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
18000102585		
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme	
. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word	
. Enter new principal office address, if applicable:	300 S BISCAYNE BLVD APT 828	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FLORIDA 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 S BISCAYNE BLVD APT 828	
	MIAMI FLORIDA 33131	
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses		
new registered agent and/or the new registered orice adure	<u>555.</u>	
Name of New Registered Agent		
·	treet address)	
New Registered Office Address:	, Florida	
	(cip coll)	
ew Registered Agent's Signature, if changing Registered Ager		
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.	
<u></u> .		
Signature of New	Registered Agent, if changing	
Theck if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	CRYSTAL MARIE CASANOVA	300 S BISCAYNE BLVD APT 828
X Add			MIAMI FLORIDA 33131
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	<u> </u>	
f an amandment provides for an arch	hamas usalassiGastina aurama Nation C'anni al anni	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
116		
(if not applicable, indicate N/A)		
(ij noi appiicaole, indicate N/A)		
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(ly not applicable, indicate N/A)		

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	07/30/2020	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
01.	01/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date))
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amount of the sufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin reach voting group entitled to vote separately on the amendmen	Q
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
07/29/202	0	
Dated		
Signature		
select	director, president or other officer – if directors or officers have a ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	LUIS ORDONEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	