P190000 22611

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SECREDARY OF STATE
INLLAHASSEE FIREBLE

APR 25 2010 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	M2A ENTERPRISES CO	DRP
DOCUMENT NUMBER:		P19000022611	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		AMY HERNANDEZ	
		Name of Contact Person	1
_		Firm/ Company	
-	6721 MCCLELLAN STREET		
Address HOLLYWOOD, FL 33024-1829		-1829	
_		City/ State and Zip Cod-	e
	HERNAN	DEZASSOCIATES@HO	OTMAIL.COM
	12-man address. (no be u	sect for future annual report	nouncation
For further information	concerning this matter, plea	se call:	
AMY HERNA		at (305	_, 318-4701
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Amer Divis P.O. I	ng Address Idment Section Ion of Corporations Box 6327 hassec, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

M2A ENTERPRISES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

	P19000022611	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new name of the co	rporation:	
	N/A	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc," or "Co". A professional corpe	porated" or the abbreviation oration name must contain the
B. Enter new principal office address, if applicable		
(Principal office address MUST BE A STREET ADI		
	-	
		2 E
C. P.A		25 70 11 SSE 70 11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	\(\frac{1}{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi_{\chi_{\chi_{\chi}\tinm\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi}\tinm\tinet\chi_{\chi_{\chi_{\chi_{\chi_{\chi\tinet\chi_{\chi}\tinm\tinet\chi_{\chi_{\chi_{\chi}\tinm\chi\tinm\tinet\tinet\tinet\chi_{\chi_{\chi}\tinm\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tin\tinet\tii}\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\tinet\ti\
		<u>53 = 0</u>
		20 O 3
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D. If amending the registered agent and/or register new registered agent and/or the new registered		ame or the
Name of New Registered Agent	N/A	
-1-1		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.		ans of the position
Thereby accept the approximent as registered agent.	um jummu wim una uccept ina imagani	πω τη τα τροσιτώνε.
Sion	ture of New Registered Avent 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: <u>X</u> 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>	<u>Addres</u> s
1) Change	s	JHON GALINDO	2735 W 52 ST # 604
Add			HIALEAH, FL 33016
XRemove			
2) Change			SEU FALL
Add			APR TI
Remove			SS: 70 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
3) Change			
Add			ATE 03
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	
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	Fig. 25
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ිලි 🛌
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	AMI SF S
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The date of each amendment(s) adoption:	03-31-2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	04-01-2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this day of State's records.	te will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s approval.	·)
	he shareholders through voting groups. The following stateme g group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	oting group)	
action was not required. The amendment(s) was/were adopted by the action was not required. Dated 03-31-2019 Signature Ry a director, preselected, by an income	e board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder action	FILED 19 APR 18 AMILIO 03 SECRETARKY OF STATE TALL AHASSEE, FLORIDA
MAURICI	O D SANTANA	
	(Typed or printed name of person signing)	
DIRECTO	DR/PRESIDENT	
	(Title of person signing)	