P19000023626

(Requestor's Name)	
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(Business Entity Name)	10/07/19010 1 5
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MVL 2018 INC DOCUMENT NUMBER: P19000023626 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DORIS POLANCO Name of Contact Person DORIS ACCOUNTING & TAX SERVICES CORP Firm/ Company 10154 WEST FLAGLER ST Address MIAMLEL 33174 City/ State and Zip Code TAXES@DORISTAXES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 480 0269
Area Code & Daytime Telephone Number DORIS POLANCO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MVL 2018 INC

(Name of Corporation as curred	ntly filed with the Florida Dept, of State)	
9000023626		
(Document Number	r of Corporation (if known)	
suant to the provisions of section 607,1006, Florida Statutes, th Articles of Incorporation:	is Florida Profit Corporation adopts the following amendr	neni
If amending name, enter the new name of the corporation:		
S	The no	2111
ne must be distinguishable and contain the word "corpora orp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ed "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	on he
Enter new principal office address, if applicable:	NA	
incipal office address MUST BE A STREET ADDRESS)		-
		"
	22	-
Enter new mailing address, if applicable:	NA 57 0 0 10 10 10 10 10 10 10 10 10 10 10 10	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- 5	
		2
	·	i
	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	ess:	1
Name of New Registered Agent MANUEL LACHERT I	ESPINOSA	ĺ
Same of New Registered Agent		
	street address)	
(Florida		
(Florida New Registered Office Address:	, Florida	

address of each Offic (Attach additional shee Please note the officer: P = President: V= Vie Executive Officer: CF held. President, Trease Changes should be not a change, Mike Jones	er and/or I ets, if neces /director tit ce Presiden O = Chief wer, Direct ted in the fo	Pirector being added: sary) Ie by the first letter of the off t; T= Treasurer; S= Secrete Financial Officer. If an off or would be PTD. Howing manner. Currently	tice title: ary; D= Director; TR= iver/director holds mor John Doe is listed as th	er/director being removed and title, name, a Trustee; C = Chairman or Clerk; CEO = Cle e than one title, list the first letter of each of the PST and Mike Jones is listed as the V. Ther the should be noted as John Doe, PT as a Char	lia/ lide
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	P	VILMA ALVAF	RINO	9811 SW 148 AVENUE	
Add		-		MIAMI, FL 33196	
X Remove					
2) Change	Р	MANUEL LAC	HERT ESPINOSA	9811 SW 148 AVENUE	
X Add				MIAMI, FLORIDA 33196	
Remove					
3) Change					
Add	,				
Remove					
4) Chronic					
4) Change Add					
Remove					
Kemore					
5) Change	 -	_			
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
	_
•	
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) NA	
	_
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The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the second se	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
09/30 Dated	0/2019	
Signature _		[]
() s	By a director, perident or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	VILMA ALVARINO	
	(Typed or printed name of person signing)	
	PRESIDENT	11
	(Title of person signing)	