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C. GOLDEN

MAY - 4 2019

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MB ENTERPRISES OF MIAMI CORP DOCUMENT NUMBER: P19000032627 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MOSSINI, MONIK Name of Contact Person Firm/ Company 5\$20 SW 64TH AVE Address MIAMI, FL 33155 City/ State and Zip Code MONIK MOSSINI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 709-7033

Area Code & Daytime Telephone Number MIAMI, FL 33155 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Hox 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

MB ENTERPRISES OF MIAMI CORP

2019 APR 25 AM 10: 02

	(Name of Corporation as currently t		
P19000032627		1	WWW. SEE. FL
	(Document Number of C	orporation (if known)	
Pursuant to the provision its Articles of Incorporat	as of section 607.1006, Florida Statutes, this Ft	orida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name,	enter the new name of the corporation:		
"Corp.," "Inc.," or Co	shable and contain the word "corporation," ," or the designation "Corp," "Inc," or "Co Tessional association," or the abbreviation "P.	". A professional corporation name mu	The new abbreviation st contain the
B. Enter new principa	office address, if applicable:		
	MUST BE A STREET ADDRESS)		
C. Enter new mailing	address, if applicable:		
	AY BE A POST OFFICE BOX)		<u></u>
	istered agent and/or registered office addres	s in Florida, enter the name of the	
new registered agei	t and/or the new registered office address:		
Name of New R	egistered Agent		
	(Florida street	address)	
<u>New Registered</u>	Office Address:	, Florida	
	(C	ity) (Z	ip Code)
New Registered Agent's	Signature, if changing Registered Agent:		
	intment as registered agent. I am jamiliar wit	h and accept the obligations of the positio	n.
	Simpling of Man Ran	istered Agent, if changing	
	Signature of tvew neg	ысеси луст, у спинуту	

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 = Trusiec; 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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saily Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	PRES	_	MONIK MOSSINI	5520 SW 64TH AVE
X Add				MIAMI, FL 33155
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
				·
5) Change		_		
Add				
Remove				
δ) Change	·			
Add				
Remove				

E. If amending or add	ng additional Articles, enter change(s) here:
(Attach additional sh	ets, if necessary) (Be specific)
REQUESTING TO AD	OFFICER/DIRECTOR OF THE CORPORATION.
	
	<u> </u>
15 16	
provisions for imp	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicab	e, indicate N/A)
	
	

	04/23/2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	****	
Effective date if applicable:	23/2019	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	$\operatorname{int}(s)$
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
04/23/201 Dated	7	
selecte	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other officer by that fiduciary) MOSSINI, MONIK	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	