P190000035684

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Miles Adonis, INC NAME OF CORPORATION: P19000035684 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AGAF Mengelgrein Some of Contact Person Firm/ Company 89 Sheridon St # 264 ollywood, FL 330Z1
City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (46+) 342 385 1 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation of

Miles Adonis INC			
(Name of Corporation as curre	ently filed with the Florida Dept.	of State)	
P190000	35684 er of Corporation (if known)		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation:	his <i>Florida Profit Corporation</i> ad	opts the following amer	idment(s) to
A. If amending name, enter the new name of the corporation:			
			new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corpora		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		S 2019	<u> </u>
		N SE	
C. Enter new mailing address, if applicable:		1- TO	carter •
(Mailing address MAY BE A POST OFFICE BOX)		<u>Σ</u> : ω	
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	_/		_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		e of the	
Name of New Registered Agent			
	s sveet address)		
N 0 1 100 111			
New Registered Office Address:	 (City)	Florida(Zip Code)	
	•	•	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations	of the position.	
Signature of New	w 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, 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 = Trusice; 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 tollowing 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	PT	John D	<u>00</u>				
X Remove	\underline{V}	Mike J	ones				
X Add	\underline{SV}	<u>Sally S</u>	mith				
Type of Action (Check One)	Title		Name			Address	
1) Change	DI	R	Roi	Mengel	<u>gcein</u>	20355 NE 34 (Aventura, FL 3	T # 202
X Add						Aventura, FL 3	<u>3</u> (80
Remove							
2) Change							
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change							
Add							
Remove							
5) Change				<u> </u>			
Add							
Remove							
6) Change							
Add							
Remove							

The date of each amendment(s) ad date this document was signed.	loption:	, if other than to
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(fficient for approval.	8)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	apted by the board of directors without shareholder action and sharehold	сг
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	3/2/9/19	
Signature		
	irector, president or other officer – if directors or officers have not been d, by an ingorporator – if in the hands of a receiver, trustee, or other cou	
appoint	ted fiduciary by that fiduciary)	
	Roi Mengela (ein (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	
	(Title of person cioning)	