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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MICHOL CORP F	LORIDA	, <u>, , , , , , , , , , , , , , , , , , </u>
DOCUMENT NUMBER: P19000054793		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
RAYMOND TOSCANO CP.	A	
	Name of Contact Person	1
AMATO & ASSOCIATES C	CPAS INC	
	Firm/ Company	<del> </del>
24 NEWARK POMPTON TE	PKE STE 201A	
	Address	
LITTLE FALLS, NJ 07424		
	City/ State and Zip Code	2
RAY@AMATOCPAS.COM		,
	ed for future annual report	notification)
`	•	,
For further information concerning this matter, pleas	e call:	
RAY TOSCANO CPA	201 at (	988-9312
Name of Contact Person	Name of Contact Person Area Code & Daytime Telephone !	
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
\$35 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)
Mailing Address  Amendment Section  Division of Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MICHOL CORP FLORIDA		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
000330957040		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I".  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	et address)	
. New Registered Office Address:	, Florida	
(0	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi		

Signature of New 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 = 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.

Mike Jones, V as Remove	e, and Sai	lly 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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	MICHAEL MARRONE	7 N SALEM ROAD IC
Add			RIDGEFIELD, CT 06877
Remove			
2) X Change	T	RAYMOND TOSCANO	24 NEWARK POMPTON TPKE
Add			LITTLE FALLS. NJ 07424
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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idment if not contained in the amendment itself:	
	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:

 $0 \leq r \leq r \leq \frac{r}{r} \leq \frac{r-r}{r-r}$ 

The date of each amendment date this document was signed		, if other than the
date this document was signed	JULY 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	•
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	<i>ા</i>
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG Dated	UST 13, 2019	
Signature _	raymond oscaro	
se	by a director, president 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 oppointed fiduciary by that fiduciary)	
	RAYMOND TOSCANO	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	<del></del>