P190000 61147

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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2019 OCT | 1 P 5: 30

KARIMET I

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		RISE INC., D.B.A. PERM	
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Michael Castro		
	MIKAS ENTERPRISE INC	Name of Contact Person C., D.B.A. PERMIT-ZONE	n
•	817 W LAIRD DR	Firm/ Company	
	JUPITER, FLORIDA 33458	Address	
-		City/ State and Zip Cod	e
perm	it-zone@att.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Michael Castro		954 at (383-2960
Name o	f Contact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mikas Enterprise Inc		
(Name of Corr P19000061147	poration as currently filed with the Flor	ida Dept. of State)
(1	Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment
A. If amending name, enter the new name of N/A	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>EE BOX</u>)	
D. If amending the registered agent and/or re	egistered office address in Florida, enter	the name of the
new registered agent and/or the new regis		the name of the
N/A Name of New Registered Agent		8
		83 = 1
	(Florida street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		oligations of the position.
	Signature of New Registered Agent, if ch	anging

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; $C = Chairman\ or\ Clerk$; $CE = Executive\ Officer$; $CFO = Chief\ Financial\ Officer$. If an officer/director holds more than one title, list the first letter of e 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One) 1) Change	V	Michael Castro	
Add			
A Remove			
2)Change	S	Michael Castro	
Add			
X Remove	T	Michael Castro	
3) Change	-		
Add			
Remove			
4) Change	Đ	Michael Castro	
Add			
X Remove			
St. Channe			
5) Change	- -		
Add			
Remove			
ó) Change			
Add			
Remove			

	ets, if necessary). (i	•	_		
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n amendment pro	ovides for an exchan	ge, reclassificatio	on, or cancellatio	n of issued s <u>har</u>	es,
ovisions for imple (if not applicable	menting the amendre, indicate N/A)	ment if not conta	ined in the amen	<u>dment itself:</u>	
				_	
	_			<u>-</u>	
	 -				

date this document was signed.
Effective date if applicable:
(no more than 40 days after amendment file date)
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
the amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
(voting group)
(voting group)
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 10/8/2019
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Michael Castro
(Typed or printed name of person signing)
President
(Title of person signing)