

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000336111 3)))



H190003361113ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Yo: Division of Corporations Fax Number : (850)617-6380 From: Account Name : SORSHER & ASSOCIATES, LLC. Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MN-LIFE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Secti Division of Corpu			
NAME OF CORPOR	ATION: MN-LIFE GROUP	P, INC.	
DOCUMENT NUMB		· · · · · · · · · · · · · · · · · · ·	<del></del>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corres	sondence concerning this ma	πer to the following:	
1	ZHIROV, ALEXANDER		
t	WN-LIFE GROUP, INC.	Name of Contact Person	1
-	·	Firm/ Company	<del></del>
•	00 N FEDERAL HWY306	· inita Cimpany	
**		Address	
3	HALLANDALE, FL 33009		
7		City/ State and Zip Code	<u> </u>
MNLO	ROUP2020@GMAIL.COM	I	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ZHIROV, ALEXANDI	ER .	nt ( 786	448-3532 dc & Daytime Telephone Number
Name of	Contact Person	Arca Cod	de & Daytime Telephone Number
Enclosed is a check for	the following amount made j	sayable to the Florida Depu	riment of State;
■ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	☐\$43.75 Filing Fcc & Certified Copy (Additional copy is enclosed)	☐ 552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifun 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation

MN-LIFE GROUP, INC.		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this	,	dmane(u) to
is Articles of Incorporation:	s rioriaa reaja Corporation adopts the following affect	idinenus) to
. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporatu "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	19355 Turnberry Way apartment 21c	
(Principal office address MUST BE A STREET ADDRESS )	Aventura, FL 33180	
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19355 Turnberry Way apartment 21c	
	Aventura, FL 33180	-
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres.	ress in Florida, enter the name of the	1 1 WA 15 WHO:
Name of New Registered Agen:		
<u> </u>		· 10
(Florida su	reet uddress)	 လ လ
New Registered Office Address:	(City) Florida (Zip Code)	– w
	(City) (Zap Code)	
İ		
tew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. If am familiar	with and accept the obligations of the position.	
Junger	8	
Signature of New I	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= Vide President; T= Treasurer: S= Secretary: D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Finuncial 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 Doc 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 Dos	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	P	ZHIROV, ALEXANDER	19355 Turnberry Way apartment 21
Add			Aventura, FL 33180
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	<u>.</u>		
6) Change			
Aild			
Remove			<u></u>

If amending or a	duing additional Articles, enter change(s) here:
(Attach additional	speets, if necessary). (Be specific)
<u> </u>	
<del>-</del>	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for th	nglementing the amendment if not contained in the amendment itself:
(y nor appric	and, material 1971)
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
fate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement locument's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
If The amendment(s) was/were adopted by the board of directors without shareholder action and staction was not required.	narcholder
If The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action and shareholder action was not required.	oolder
Dates 11/15/2019	
Signature  (By a director, president or other officer – if directors or officers have r selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
ZHIROV, ALEXANDER	
(Typed or printed name of person signing)	
PRESIDENT	
('fitle of person signing)	<del></del>