

P19 000084730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

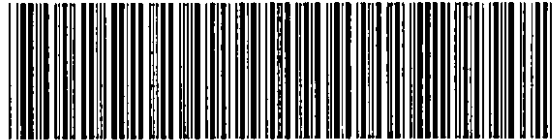
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 30 PM 2:52

FEB 24 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIE CONSULTING CORP

DOCUMENT NUMBER: P19000084730

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA RAMIREZ RAFFERTY

Name of Contact Person

IDEAS DE NEGOCIOS USA LLC

Firm/ Company

18501 PINES BLVD STE 305

Address

PEMBROKE PINES FL 33029

City/ State and Zip Code

DR@INUSATEAM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA RAMIREZ RAFFERTY

at (954) 5946386

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUN 30 PM 2:32
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MIE CONSULTING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000084730

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

18501 PINES BLVD STE 305

PEMBROKE PINES, FL 33029

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

18501 PINES BLVD STE 305

PEMBROKE PINES, FL 33029

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent IDEAS DE NEGOCIOS USA LLC

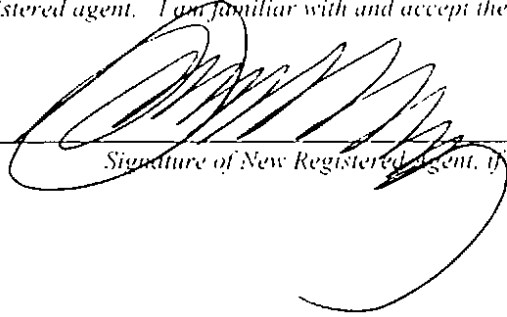
18501 PINES BLVD STE 305

(Florida street address)

New Registered Office Address: PEMBROKE PINES, Florida 33029
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position


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.

Example:

<u>X Change</u>	<u>PT</u>	<u>John Doe</u>
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X Remove	V	<u>Mike Jones</u>
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<u>N Add</u>	<u>SV</u>	<u>Sally Smith</u>
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Type of Action
(Check One)

Title

Name _____

Address

1) X Change P MARIA ISABEL ESPINEL CORAL 18501 PINES BLVD STE 305

Add _____ PEMBROKE PINES, FL 33029

Remove _____

2) Change _____

Add _____

Remove _____

3) Change _____

Add _____

Remove

4) Change _____

Add _____

Remove _____

5) Change _____

Remove _____

[illegible]

Add _____

Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ 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):*

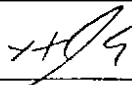
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(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.

Dated 11/26/2019

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)

MARIA ISABEL ESPINEL CORAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)