P190000 85382

(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: M-KITCHEN INC		·	
DOCUMENT NUM	P19000085382			
The enclosed Article	rs of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	ERNESTO MURIEDAS			
		Name of Contact Persor)	
	M-KITCHEN INC			
		Firm/ Company		
	816 NW 87 AVE APT 102			
		Address		
	MIAMI, FL 33172			
	······	City/ State and Zip Code	2	
	fadymur@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
ERNESTO MURIEDAS		786 at (306-3688	
Name of Contact Person		Area Code & Daytime Telephone Number		
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)	
Mailing Address		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Ta	illahassee, FL 32314	2415 1	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

M-KITCHEN INC	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P19000085382	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpon" Inc.," or Co," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.
Signature	e of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 = ChiefExecutive 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: 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>	<u>Name</u>	Address
1) Change			
Add			
X Remove			
2) Change	VP	FADY MURIEDAS	816 NW 87 Ave apt 102 Miami F
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary).	. (Be specific)				
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an amendi	ment provides for an ex- for implementing the an	change, reclassifi	cation, or cance	<u>llation of issued</u> amendment itsel	shares, f	
(if not a	pplicable, indicate N/A)	tenament it not c	Ontained in the	amendanen rese	<u></u>	
	• •					
				 		
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	March 9, 2020	, if other than the
The date of each amendment(s date this document was signed.) adoption:	, if other than the
=	March 10, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmer e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	·	
-	(voting group)	
03/10/2	020	
Dated) Colon /	
(By sete	a director prevident or other officer – if directors or officers have not bee eted, by an imporporator – if in the hands of a receiver, trustee, or other co ointed fiduciary by that fiduciary)	urt
	ERNESTO MURIEDAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>