Florida Depariment of State Electronic Filing Cover Sheet

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(((H20000131150 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE MUNCHIES NOW INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

May 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE MUNCHIES NOW INC. 1200 COLLINS AVENUE INSIDE THE MARLIN HOTEL MIAMI BEACH, FL 33139

SUBJECT: THE MUNCHIES NOW INC.

REF: P20000032537

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As of January 1, 2020, the form for amending a Profit Corporation has changed. Please use the new Profit Articles of Amendment form located on our website (www.sunbiz.org).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

FAX Aud. #: H20000131150 Letter Number: 420A00009286

Articles of Amendment

	I Ametata are			
	Vinces of It	ucorporation of		
	•	NCHIES NOW INC.		
(Nam	te of Corporation as current	tly filed with the Florida Dept. of State)		
	Pa	0000032537		
Duran	(Document Number o	of Corporation (if known)		
its Articles of Incorporation:	77.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amen	dment(s) to	
A. If amending name, enter the new	name of the corporation:			
B. Enter new principal office address	iction," or the abbreviation "	m," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain "P.A."	new tion the	
(Principal office address MUST BE A.	STREET ADDRESS)	65 NW 49 STREET	201	₹ ;
		MIAMI FLORIDA 33127		<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	licable: OFFICE BOX)		- - 5 - 2 €	
		65 NW 49 STREET		۳٦ ده سا
		MIAMI, FLORIDA 33127	80 8 9119] > ! [
D. If amending the registered agent are new registered agent and/or the ne	nd/or registered office address:	ess in Florida, enter the name of the	- 25	
Name of New Registered Agent	GILBERTO GONZALEZ			
	65 NW 49 STREET			
	(Florida sue	et address)		
New Registered Office Address:	MIAMI	Florida 33127		
	(4	City) City Codul	•	

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

(Zip Code)

Check if applicable

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

PAGE

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
⊥X Add	<u>\$V</u>	Selly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PVPS	GILBERTO GONZALEZ	65 NW 49 STREET
Add			
Remove			MIAMI FLORIDA 33127
2) X Change	TD	GILBERTO GONZALEZ	65 NW 49 STREET
Add			
Remove			MIAMI FLORIEIA 33127
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u>-</u>
Remove			
6)Change			
Add			
Remove			

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[f amending or adding a Attach additional sheets,	if necessary).	(Be specific)	<u> </u>		
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яп ніпепdment provide irovisions for implemen (if not applicable, inc	<u>iting the a</u> men	nge, reclassification dment if not contain	n, or cancellationed in the amen	on of issued share idment itself:	7-
	·····				
				· · · · · · · · · · · · · · · · · · ·	7.500 N. S
					

The date of each amendment(s) adoption:
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 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.
DatedOS 04 2020
Dated OS 10412020 Signature Lilled Sout
(By a director, president or other officer – if directors or officers have not bee 1 selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
GILBERTO GONZALEZ
(Typed or printed name of person signing)
PVPS
(Title of person signing)