P20000036971

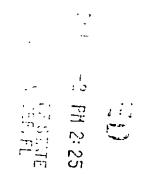
(Danuarhada Nama)	_	
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status		
Certificates of Status		
Special Instructions to Filing Officer:		





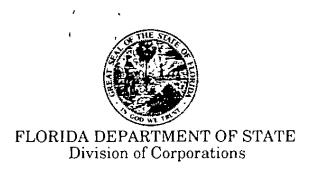
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April 21, 2021

MILUC FINANCIAL ENTERPRISES INC. 680 SW 7TH AVENUE APT 6 MIAMI, FL 33130

SUBJECT: MILUC FINANCIAL ENTERPRISES INC.

Ref. Number: P20000036971

We have received your document for MILUC FINANCIAL ENTERPRISES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

FLORIDA BENEFIT CORPORATION OPTIONS FORM

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 321A00008248

Yasemin Y Sulker Regulatory Specialist III

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MILUC FINANCI	AL ENTERPRISES, ZNO
DOCUMENT NUMBER: P2000003697/	<u> </u>
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	;
Luis M. Cuevas Consame of Contact Milure Etnancial E Firm/ Comp 680 SW 7th Aver Address Miami, Frorida City/ State and Z Luis Cuevas 86 C yahoo E-mail address: (to be used for future annual	Enterprises, Inc. any any any 33130 tip Code
For further information concerning this matter, please call:	
Luis Cuevas Cabreras at 8 Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Flori	da Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

MILUE TINANCIAL EN	TERPRISES, INC
	filed with the Florida Dept. of State)
P200000369	<u> </u>
(Document Number of C	Corporation (If Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the-word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	680 SW 77 Ave., 40t 6 MIami, Fr. 33130
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	680 SW 973 ANC 3 Apt 6 Miami, Fr. 3313
D. If amending the registered agent and/or registered office address: Name of New Registered Agent LUIS M. Cu 680 SW 72	evas Cabreras 72 25 Ave-, Apt. #6
New Registered Office Address: M'am,	, Florida 33130 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with the control of the c	
Signature of New Reg	gistered 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 = 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:	DJ.	Tahu Dau	
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)	Title	Name	<u>Addres</u> s
1) Change	PT	Luis M. Cuevas Cabre	130 SW 7th Ave Apt. #6 Miami, Fr. 33130
🚣 Add			Ap+. 66
Remove			Miami, Fr. 33130
2) Change			
Add			
Remove Change	VP	Valeria Rendon	7900 Harbor Island Pich
Add			Apt. # 1103-A
Remove			Miam. Bendi, FL 33141
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Ai wh additional sheets, if necessary)	i. (Be specific)	
		
		
	NIH	
-	,	
		-
n amendment provides for an ev	change, reclassification, or cancellation of issued shares,	
ovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(y nor apprecion, marcae)		
	. 1	
	1//2	
	N/¶	

The date of each amendment(s) add	option:	, if other than the
late this document was signed. Effective date if applicable:	62/10/2021	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this blo document's effective date on the Dep	artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cas ficient for approval.	t for the amendment(s)
	oved by the shareholders through voting groups. ach voting group entitled to vote separately on the	
"The number of votes cast fo	or the amendment(s) was/were sufficient for appro	vai
by Luis M.	Cuevas Cabreras	<u></u>
	(voting group)	_
Dated	5/16/2021	
Signature	rus M. Cuman Calon	 -
(By a dire selected,	ector, president or other officer - if directors or of by an incorporator - if in the hands of a receiver, d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	Cabrera
	1	og)
	President /	
_	(Title of person signing)	