

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.

(((H22000193996 3)))



H220001939983ABC8

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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045 Phone : (786)546-4490 Fax Number : (800)323-1074

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

Email Address: educado ambs Taxes, com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **ESTEFANY NATALY ENT CORP**

Certificate of Status	0
Certified Copy	0
Page Count JUN 116 :	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Section Division of Corporations

Unite .		
ION:BSTB	FANY NATALY ENT C	ORP
<b>:</b>	P2000056041	
mendment and foe are sa	sbmitted for filing.	
dence concerning this ma	atter to the following:	
	EDUARDO MIRALLE	us.
	Name of Contact Pers	on
MAIM	AI BUSINESS SOLUTIO	NS INC
	Firm/ Company	
18		9
	Address	
rı		
	City/ State and Zip Co	da
RDU	ARDO@MBSTAXES.CC	M
B-mail address: (to be u	sed for future annual repor	rt notification)
scerning this matter, plea	se call:	
OO MIRALLES	at (	546-4490
mtact Person		ode & Daytime Telephone Number
following amount made	payable to the Florida Dep	partment of State:
Certificate of Status	S43.75 Filing Fee & Curtified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Address		Address
		dment Section on of Corporations
	The C	Centre of Tallahassee
ec, PL 32314		N. Monroe Street, Suite 810
	ESTE  ION:	ESTEFANY NATALY ENT CO P20000056041  EDUARDO MIRALLE  Name of Contact Person  ISA5 E WEST PKWY STE  Address  FLEMING ISLAND, FL 32  City/ State and Zip Co  EDUARDO@MBSTAXES.CC  B-mail address: (to be used for future annual report  Theoreming this matter, please call:  OO MIRALLES  Area C  Certificate of Status  Certified Copy (Additional copy is emplosed)  Address  ent Section  of Corporations  6327  cc, FL 32314  EDUARDO ATTACK  P20000056041  P200000056041  EDUARDO MIRALLES  AREA C  STEAM  STEAM  Amen  Of Corporations  Division  6327  cc, FL 32314

FILED.

Articles of Amendment

	to Articles of Incorporation	1971 JUN -3 PM 7: 29
	of	·
E	STEFANY NATALY ENT CORP	SECRETARY OF STATE
(Name of Corns	oration as currently filed with the M	orida Dent, of State)
	P20000056041	
(D	ocument Number of Corporation (if k	nown)
ursuant to the provisions of section 607.1006, FI s Articles of Incorporation:	orida Statutos, this Florida Profit Cor	poration adopts the following amendment
. If amending name, enter the new name of t	he corporation:	
JUST STEF INC		The new
ame must be distinguishable and contain the wording" or Co.," or the designation "Corp," " chartered," "professional association," or the a	'Inc," or "Co". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word
- <u>Enter new principal office address. If aunite</u> Principal office address <u>MUST RE A STREET</u>		
Enter new mailing address. If applicable:	, nov	
(Mailing address MAY BE A POST OFFICE		
	-	<del></del>
If amending the registered agent and/or res	datered office address in Florida, en red office address;	ter the name of the
now resistered agent aud/or the new register		
new resistened agent aud/or the new register  Name of New Registered Agent		
now resistened agent aud/or the new resiste		· · · · · · · · · · · · · · · · · · ·
non resistered seems and/or the new register	(Florida street address)	<u> </u>
non resistered seems and/or the new register	(Florida street address)	, Florida

Check if applicable

<sup>☐</sup> 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:

X Change	PI	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>8</u> Y	Sally Smith	
Type of Action (Check One)	Titte	Name	Address
1) Change			<del></del>
Add			<del></del>
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove 3) Change			
Add			
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			
5)Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	ing or adding additi ditional sheets, if no	onal Articles, ente cessary). (Be spec	r change(s) kere: c(fic)			
					-	
	· ·———————————————————————————————————			·		
-		<u>,                                     </u>	<del></del>			···
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
		·				
			·			
			<del></del>			
			<del></del>			
DIVIDIO	adment provides for 18 fer implementing 1 applicable, indicat	<u>the amendusent if</u>	hastification, or co not contained in	incellation of issu the amendment if	ed shares, helfi	
	<del>-</del>	·	<del></del>			
	<del></del>		<del></del>			
<del></del> -	<del></del>					

The date of each amendment(s) as date this document was signed.	option:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The smendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were as	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must be exparately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
JUNE 02, Dated Signature	Algorita
zelected	botor, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)
	STEPHANIE FISOGNI
•	(Typed or printed name of person signing)
	President
-	(Title of person signing)