

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.

(((H22000436283 3)))



H2200043E2633ABC/

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 : GLOBAL SUCCESS INVESTMENTS ELC

Account Number : I20200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

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

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIRAKLE FOODS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 03 2023

1/1

Articles of Amendment

ot

	Articles of Incorporation of	
	MIRAKLE FOODS INC	
(Name of	Corporation as currently filed with the Florida Dept. of State)	
<u> </u>	P21000000745	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this Florida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," of the contact o	the word "corporation," "company," or "incorporated" or the abbreviation, ""Inc," or "Co". A professional corporation name must contain or the abbreviation "P.A."	n "Corp" i the word
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable: REET ADDRESS)	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	<u>rable:</u> <u>DFFICE BOX</u>	
		7022
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida, enter the name of the	123 123 133
Name of New Registered Agent	MANTA VENTURES INC	10 10
	4962 NW 83RD PATHSUITE 3904	
	(Florida street address)	
New Registered Office Address:	DORAL Florida 33166	د) _ بن
	(City) (Zip C	, oaej
New Registered Agent's Signature, if ch Thereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, it changing	·•
Check if applicable	Signature of the median con agent, it company	

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

Example:

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	<u>PT</u>	John Doc					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s				
i) Change	VP	EZTRATEGO CORPORATION	9350 SW 77TH, AVE. APT. G8				
Add			MIAMI, FL 33156				
X Remove	VP	The Superfood of America Corp	7355 SW 89TH, ST, APT, 517N				
2) Change Add			MIAMI, FL 33156				
X Remove 3) Change							
Add							
Remove 4) Change							
Add							
Remove							
Add							
Remove							
6) Change							
Add Remove							

From: Nathaly Cuartas

f amending or adding a Attach additional sheets.	if necessary).	(Be specific)				
	<u> </u>					
				<u> </u>	 	
		······································				
					······································	
					····	
<u> </u>						
		. <u></u>				
If an amendment prov	ides for an exc	hange, reclassi	fication, or can	cellation of issu	ed shares,	
provisions for implem	enting the amo	endment if not	contained in th	e amendment i	tself:	
(if not applicable,	inaicaie ista)					

	12/29/2022	if other than the
The date of each am date this document w	endment(s) adoption:as signed.	, a conce than the
Effective date if app	licable:	
	licable: tho more than 90 days after amendment file date)	
Note: If the date ins document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will date on the Department of State's records.	not be listed as the
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
The amendment(s action was not req) was/were adopted by the incorporators, or board of directors without shareholder action and juired.	shareholder
☐ The amendment(s by the shareholde) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.	
☐ The amendment(s must be separated	t) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
	er of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Da	12/29/2022 ned	
Sig	(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)	
	Djamila Bogarin	
	(Typed or printed name of person signing)	
	Presdient	

(Title of person signing)

Fax: (850) 617-6383

Page: 6 of 6

12/29/2022 10:39 AM

To: Agent Amnd Florida

From: Nathaly Cuartas

#Ax: 10542460340