# PZ1000007178

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FILED Feb 26, 2021 08:00 AM Secretary of State

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

## FILED Feb 26, 2021 08:00 AM Secretary of State

| NAME OF CORPORATION: MIAMI LIFE AD                                       | VENTURES INC   | Secretary of   |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: P21000007178  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are su                        | ibmitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this ma                      | atter to the following:  |  |  |  |  |
| NADIA HIPOLITA   |  |  |  |  |  |
|  | Name of Contact Person   | an .   |  |  |  |
| BUSINESSROCKET, INC  | BUSINESSROCKET, INC  |  |  |  |  |
|  | Firm/ Company  |  |  |  |  |
| 15442 VENTURA BLVD S   | ГЕ 101   |  |  |  |  |
|  | Address  |  |  |  |  |
| SHERMAN OAKS, CA 914   | 03   |  |  |  |  |
|  | City/ State and Zip Co   | de   |  |  |  |
| DOCS@BUSINESSROCKE   | T COM  |  |  |  |  |
| <u> </u>   | E-mail address: (to be used for future annual report notification) |  |  |  |  |
| ., ( (   |  | ,  |  |  |  |
| For further information concerning this matter, plea                     | se cail:   |  |  |  |  |
| NADIA HIPOLITA   | 310<br>at (  | ) 424-5558<br>ode & Daytime Telephone Number   |  |  |  |
| Name of Contact Person   | ode & Daytime Telephone Number                                     |  |  |  |  |
| Enclosed is a check for the following amount made                        | payable to the Florida De  | partment 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 Amendment Section Division of Corporations P.O. Box 6327 | Amer<br>Divis  | t Address  Idment Section  ion of Corporations  Centre of Tallahassee                  |  |  |  |

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

## FILED Feb 26, 2021 08:00 AM Secretary of State

MIAMI LIFE ADVENTURES INC

| (Name of Corporation   | n as currently filed with the I         | Florida Dept. of State)  |
|--|---|--|
| MIAMI LIFE ADVENTURES INC  |   |  |
| (Docume  | ent Number of Corporation (if I         | known)   |
| ·  | ·                                       |  |
| Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:   | Statutes, this <i>Florida Profit Co</i> | orporation adopts the following amendment(                                     |
| A. If amending name, enter the new name of the cor   | poration:                               |  |
|  |   | The new  |
| name must be distinguishable and contain the word "cor<br>"Inc.," or Co.," or the designation "Corp," "Inc,"<br>"chartered," "professional association," or the abbrev.  | or "Co". A professional co              | corporated" or the abbreviation "Corp.," orporation name must contain the word |
| B. Enter new principal office address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDI  | RESS )                                  | -  |
|  | <del></del>                             |  |
|  |   |  |
|  | <del>-</del>                            |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX   | ri                                      |  |
| (mailing dadress gizt be 21 031 0111cl box   |   |  |
|  |   |  |
|  |   |  |
|  |   | · · · · · · · · · · · · · · · · · · ·  |
| D. If amending the registered agent and/or registere   |   | nter the name of the   |
| new registered agent and/or the new registered of  | ffice address:                          |  |
| Name of New Registered Agent   |   |  |
|  |   |  |
|  | tFlorida street address)                |  |
|  |   |  |
| New Registered Office Address:   | /C!                                     | , Florida<br>(Zip Code)  |
|  | (City)                                  | izip Coaei   |
|  |   |  |
| Strand Control of American Control of the Control o | .ad. &aa.                               |  |
| New Registered Agent's Signature, if changing Regis<br>I hereby accept the appointment as registered agent. I  |   | e obligations of the position.   |
|  | ,                                       | 7 7  |
|  |   |  |
|  |   |  |
| Signat   | ure of New Registered Agent, i          | 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: X Change <u>PT</u> John Doe X Remove Mike Jones X Add $\underline{SV}$ Sally Smith Address Type of Action Title <u>Name</u> (Check One) 7901 4TH STREET N STE 300 FEDERICO RODRIGUEZ 1) \_\_\_\_ Change SAINT PETERSBURG, FL 33702 $_{\perp}$ Add Remove GERARDO MARTINEZ 7901 4TH STREET N STE 300 2) \_\_\_\_ Change SAINT PETERSBURG, FL 33702 Add Remove FEDERICO E MARTINEZ 7901 4TH STREET N STE 300 \_ Change SAINT PETERSBURG, FL 33702 Add \_ Remove GERARDO E GONZALEZ 7901 4TH STREET N STE 300 Change SAINT PETERSBURG, FL 33702 Add Remove 5) \_\_\_\_ Change Add Remove 6) \_\_\_\_ Change \_\_ Add Remove

| (Attach z             | ling or adding additional Art<br>dditional sheets, if necessary). | (Be specific)      | <u>istaj mere</u> . |   |              |
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| <u>provisi</u><br>(jf | not applicable, indicate N/A)                                     | .namene a not es   | meanico in the a    | itenument resent.                       |              |
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| The date of each amendmen                          | it(s) adoption:  | , if other than the                    |
|--|--|--|
| date this document was signe                       | d.   |  |
| Effective date if applicable:                      |  |  |
|  | (no more than 90 days after amendment file date)   |  |
|  | this block does not meet the applicable statutory filing requirements the Department of State's records.   | s, this date will not be listed as the |
| Adoption of Amendment(s)                           | ( <u>CHECK_ONE</u> )   |  |
| ■ The amendment(s) was/we action was not required. | ere adopted by the incorporators, or board of directors without shareho  | lder action and shareholder            |
|  | ere adopted by the shareholders. The number of votes cast for the ame  | :ndment(s)                             |
|  | ere approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment  |  |
| "The number of vote                                | s cast for the amendment(s) was/were sufficient for approval   |  |
| bv   |  |  |
| ,  | (voting group)   |  |
| Dated  | 2/22/2021  |  |
| Signature _  |  |  |
| :  | By a director, president or other officer – if directors or officers have relected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) |  |
|  | FEDERICO E MARTINEZ  |  |
|  | (Typed or printed name of person signing)  |  |
|  | PRESIDENT  |  |
|  | (Title of person signing)  | ·                                      |