

Pa1000015444

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

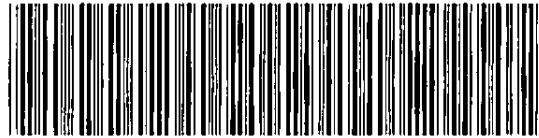
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(Document Number)

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SEP 10 2024

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2024 AUG 30 PM 4:06  
CLERK OF COURT  
JANET L. HARRIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MIGNOL CORP

**DOCUMENT NUMBER:** P21000015444

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO E JUAREZ  
Name of Contact Person  
MB FINANCIAL GROUP PA  
Firm/ Company  
7370 COLLEGE PARKWAY SUITE 301  
Address  
FORT MYERS, FL 33907  
City/ State and Zip Code  
MARIO@MBACCOUNTINGPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO E JUAREZ at ( 239 ) 246-9272  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
MIGNOL CORP

FILED  
2024 AUG 30 PM 4:06

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000015444

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

26850 RED BLOSSOM CT

BONITA SPRINGS, FL 34135

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

26850 RED BLOSSOM CT

BONITA SPRINGS, FL 34135

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent NOLASCO MIGUEL RODAS

26850 RED BLOSSOM CT

(Florida street address)

New Registered Office Address: BONITA SPRINGS, Florida 34135

(City)

(Zip Code)

**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

**Check if applicable**

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	CEOP	RODAS MIGUEL RODAS	26292 BRIDGEPORT LN
<input type="checkbox"/> Add			BONITA SPRINGS, FL 34135
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	CEOP	NOLASCO MIGUEL RODAS	26850 RED BLOSSOM CT
<input checked="" type="checkbox"/> Add			BONITA SPRINGS, FL 34135
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

AMENDED ARTICLE VII - RESIGNED AS CEOP AND SHAREHOLDER MR. RODAS MIGUEL RODAS

ADDING AS CEOP MR. NOLASCO MIGUEL RODAS EFFECTIVE AS THE DATE OF THE FILING

OF THIS DOCUMENT, BEFORE THE DIVISION OF CORPORATIONS.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

RECLASSIFICATION OF STOCKS-SHARES

OUTGOING CEOP SHAREHOLDER MR. RODAS MIGUEL RODAS HAS EXCHANGED THE 800 SHARES

OR THE 80% OF THE TOTAL 1000 INITIAL ISSUED TO MR. NOLASCO MIGUEL RODAS.

MR. NOLASCO MIGUEL RODAS IS THE ONLY SHAREHOLDER-OWNER WITH A TOTAL 100% SHARES

OR THE EQUAL OF 1000 SHARES. A NEW SHAREHOLDER CERTIFICATE HAS BEEN ISSUED.

08-16-2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

EFFECTIVE WHEN PROCESS THIS DOCUMENT, BY THE DIVISION OF CORP

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

08-16-2024

Dated \_\_\_\_\_

Signature  \_\_\_\_\_

(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)

NOLASCO MIGUEL RODAS

\_\_\_\_\_  
(Typed or printed name of person signing)

CEOP

\_\_\_\_\_  
(Title of person signing)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MIGNOL CORP

DOCUMENT NUMBER: P21000015444

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Address  
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MARIO@MBACCOUNTINGPA.COM  
E-mail address: (to be used for future annual report notification)

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**Street Address**  
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Articles of Amendment  
to  
Articles of Incorporation  
of  
MIGNOL CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000015444

(Document Number of Corporation (if known))

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**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

26850 RED BLOSSOM CT

BONITA SPRINGS, FL 34135

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

26850 RED BLOSSOM CT

BONITA SPRINGS, FL 34135

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

NOLASCO MIGUEL RODAS

26850 RED BLOSSOM CT

(Florida street address)

New Registered Office Address:

BONITA SPRINGS

Florida

34135

(City)

(Zip Code)

**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

**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:

☒ Change                      PT        John Doe  
  
☒ Remove                      V        Mike Jones  
  
☒ Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
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<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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ADDING AS CEOP MR. NOLASCO MIGUEL RODAS EFFECTIVE AS THE DATE OF THE FILING

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**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

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OR THE 80% OF THE TOTAL 1000 INITIAL ISSUED TO MR. NOLASCO MIGUEL RODAS.

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08-16-2024

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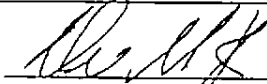
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

08-16-2024

Dated \_\_\_\_\_

Signature



(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)

NOLASCO MIGUEL RODAS

\_\_\_\_\_  
(Typed or printed name of person signing)

CEOP

\_\_\_\_\_  
(Title of person signing)