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.

(((H22000019986 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAXLEAF.COM INC

Account Number : I20140000084

Phone

: (305)541-3980

Fax Number

: (786)713-1940

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

Fmail	Address:			

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN

#### MIAMI PRB CORP

Certificate of Status Certified Copy Page Count 04 \$35.00 Estimated Charge

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H220000199853



January 19, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

MIAMI PRE CORP 5440 NW 107 AVE DORAL, FL 33178

SUBJECT: MIAMI PRB CORP

REF: P21000036323

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II Amendment Section

FAX Aud. #: H22000019986 Letter Number: 822A00001416

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment ťο Articles of Incorporation of

MIAMI PRE CORP					
(Name	of Corporation as curren	tly filed with the Florida Dep	t. of State)		-
P21000036323					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following	ng amendr	nent(s)
A. If amending name, enter the new n	ame of the corporation:				
				_The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation n			
B. Enter new principal office address,	if applicable:	3942 NW 27TH ST			
(Principal office address MUST BE A S		MIAMI, FL 33142			
				<u>ن</u> <u>ب</u>	2027
C. Enter new mailing address, if appl (Mailing address MAY KE A POST		3942 NW 271'H ST		ALLA ALLA	FEB :
		MIAMI, FL 33142		<u> </u>	25
				38.6 30.5	2
D. If amending the registered agent as new registered agent and/or the ne			ne of the	STATE	PM 12: 49
Name of New Registered Agent	PAGOADA ROMERO,	HEBER D.			_
<u> </u>	3942 NW 27TH ST			-	
	(Florida s	reet address)			
New Registered Office Address:	MIAMI		, Florida		
		(City)	(Zip)	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.	_	
	Signature of New I	Registered Agent, if changing			
Check if applicable  The amendment(s) is/are being filed p	eurswant to s. 607.0120 (11)	(e), F.S.			

Example:

## H22000019986 3

17867131940

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 <math>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>	<u>John Doe</u>		
X Remove	<u>y</u>	Mike Jones	<u>s</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>amo</u>	<u>Addres</u> s
1) X Change	VP	_ P	AGOADA ROMERO, HEBER D.	3942 NW 27TH ST
<b>Ad</b> d				MIAMI, FL 33142
Remove				
2) X Change	P	P.	AGOADA ROMERO, MARCELA A.	3942 NW 27TH ST
Add				MIAMI, FL 33142
Remove 3) Change				
Add				
Remove				<u></u>
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				·
6) Change				
Add				
Ramove				

ttach additional sheets, if necessary). (	Be specific)			•
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an amendment provides for an exchang	e, reclassification, o	or cancellation of iss	ued snares,	
rovisions for implementing the amenda	nent ii not containe	d in the amendment	itseii:	
(if not applicable, indicate N/A)				
·				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more thun 90 days after amendment file dute)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date separtment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a notion was not required.	dopted by the incorporators, or board of directors without shareholder action	i mid shareholder
The amendment(s) was/were a by the shareholders was/were	dapted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	t
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	MARCELA A. PAGOADA ROMERO	****
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	