## P21000074818

(Re	questor's Name)	<del></del> ,
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
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CF 11/12/2023

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MICHAEL A	NDRES CHB INC.
DOCUMENT NUMBER: P21000074818	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
MICHAEL ANDRES	
	Name of Contact Person
MICHAEL ANDRES C	CHB INC.
-	Firm/ Company
7500 NW 25TH ST ST	E 248
	Address
MIAMI, FL 33122	
	City/ State and Zip Code
MICHAEL@MACHB.	US
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	
MICHAEL ANDRES	at () 9995788
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	<u> </u>
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

MICHAEL ANDRES CHB INC.		2073 027 30 177 5: 07
(Name of Corporation	on as currently filed with the Florida Dep	ot. of State)
21000074818		
(Docum	ment Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation a	idopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:	
		The пеw
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc,' chartered." "professional association," or the abbre	" or "Co". A professional corporation i	
Enter new principal office address, if applicable	:	
Principal office address <u>MUST BE A STREET ADD</u>		
	<del></del>	
		·
The same of the sa		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)	
If amending the registered agent and/or register     new registered agent and/or the new registered		<u>ime of the </u>
new registered agent and/or the new registered	office address.	
Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligation	ns of the position.
Siano	ature of New Registered Agent, if changing	
Signa	nure of new negmered agent, if changing	
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 6	507.0120 (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.

PT	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	Name	Address
		·
_		
-		
	<u>v</u> <u>sv</u>	V Mike Jones  SV Sally Smith

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)			
AMEND ARTICLE III AS:				
ANY AND ALL LAWFUL BUSINESS; TO TRANSACT CUSTOMS BUSINESS AS A BROKER				
	<del></del>			
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	INCHEST IN NOT CONTAINED IN THE MINEROINERY RECEIVE			

The date of each amendment(s) adopt	on:, if other than
date this document was signed.  10/24/20 Effective date if applicable:	23
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	ne amendment(s) was/were sufficient for approval
by	(voting group)
	an incorporator – if in the hands of a receiver, trustee, or other court
appointed f	duciary by that fiduciary)
MI	HAEL ANDRES
	(Typed or printed name of person signing)
PR	SIDENT
<del></del>	(Title of person signing)

the

the