P21000082394

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MW ALPHA INV	ESTMENT, INC.		
	BER: P21000082394			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	MAGID HAMAD			
	Name of Contact Person			
	***	Firm/ Company		
	2253 NW 28TH STREET			
	MIAMI, FL 33142	Address		
		City/ State and Zip Cod	2	
	MAGED.HAMAD1983@HG	OTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea	se call:		
MAGID HAMAD		786 	6088555	
Name of Contact Person		Area Co)de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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

FILED

MW ALPHA INVESTMENT, INC. (Name of Corporation as currently filed with the Florida Dept. of State P21000082394 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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

 \Box 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)

Example:

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
1) Change			
Add			
Remove			
2) Change			
Add			<i>w</i> -
Remove 3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			_
Remove			
6) Change			
Add			
Remove			

-	ary). (Be specific)
ARTICLE V:	
CORRECTION TO NAME OF REGI	STERED AGENT FROM "MAGED HAMAD" TO
"MAGID HAMAD"	
ARTICLE VI:	
CORRECTION TO NAME OF INCO	DRPORATOR FROM "MAGED HAMAD" TO
"MAGID HAMAD"	
ARTICLE VII:	
CORRECTION TO NAME OF OFFIC	CER/PRESIDENT FROM "MAGED HAMAD" TO
"MAGID HAMAD"	
	
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	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself: (A)

	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes east for the a lient for approval.	mendment(s)
	ed by the shareholders through voting groups. The follow h voting group entitled to vote separately on the amendm	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	· ·	
,	(voting group)	
SEPTEMBER . Dated	27, 2021	
Signature	MADE	
selected, by	or, president or other officer—if directors or officers have an incorporator—if in the hands of a receiver, trustee, or iduciary by that fiduciary)	
МА	GID HAMAD	
	(Typed or printed name of person signing)	
INC	CORPORATOR	
	(Title of person signing)	