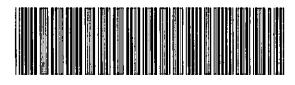
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(Requestor's Name)	
(Address)	
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(on), states alphy none	['
PICK-UP WAIT	MAIL MAIL
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Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

•	•	
NAME OF CORPORATION: M	Iromaine Misty Enterprise	100
DOCUMENT NUMBER: <u>P220</u>	00070147	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
	Misty Schroeder	
	Name of Contact Person	
	Firm/ Company	
5	20 E Church St #1102	
Orld	'.	
	City/ State and Zip Code	
MIII DAG	(to be used for future annual report notification)	
	, (to oc used to talaic amount report normality)	
for further information concerning this m	atter, please call:	28
MISTY Schroeck	ur at 312, 978 3992	22 S.E
Name of Contact Person	Area Code & Daytime Telephone Number	ල
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:	-11
□ \$35 Filing Fee		:: မှ 23
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

Million	aire Misty Enterprise	<u>Lnc</u>
(Name o	Corporation as currently filed with the Florida Dept. of State	l
\mathcal{P}	22000070147	
•	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	the word "corporation," "company," or "incorporated" or the abb orp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	reviation "Corp.," contain the word
B. Enter new principal office address,	f applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	
		
C. Enter new mailing address, if appl	cable:	
(Mailing address MAY BE A POST	OFFICE BOX)	
		·
D. If amending the registered agent as	d/or registered office address in Florida, enter the name of the	12
new registered agent and/or the ne	w registered office address:	1 - 3 1 - 3
Name of New Registered Agent		
		ည် 🖫
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agent:	ocition
Thereby accept the appointment as regis	tered agent. I am familiar with and accept the obligations of the po	751110711.
	Signature of New Registered Agent, if changing	
Cheek if applicable		
Check if applicable ☐ The amendment(s) is/are being filed	oursuant to s. 607.0120 (11) (e), F.S.	

Executive Officer: CF President, Treasurer,				n one title, list the first letter of each office held.
Changes should be no	oted in the fol	llowing	manner. Currently John Doe is listed as the l	PST and Mike Jones is listed as the V. There is
a change, Mike Jones Mike Jones, V as Rem				should be noted as John Doe. PT as a Change,
Example:	inc, and the	,		
<u>X</u> Change	<u>PT</u>	<u>John 1</u>	<u>loe</u>	
X Remove	<u>V</u>	Mike .	Jones .	
X Add	<u>sv</u>	Sally !	Smith	
Type of Action (Check One)	Title	I	Name	<u>Addres</u> s
1) Change	CEO	_	Rais Gonsuch	3219 Turrent Bay
Add				KISSIMEE FL 34742
X_ Remove				
2) X Change	CEO	-	,	3219 Turnet Bay C+
Add				KISSIMQ FL 3LTILIZ
Remove 3) Change		-		
Add				
Remove				
4) Change		~		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		-		
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

amending or adding additional A atach additional sheets, if necessary,	. (Be specific)
•	
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· 	
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<u></u>	

If an amendment provides for an ax-	hange, reclassification, or cancellation of issued shares.
provisions for implementing the un	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	chament is not contained in the amendment user.
(if the approximate material way)	
	·

The date of each amendment(s) adoptio date this document was signed.	1: 4 12112022	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this block d document's effective date on the Department	oes 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 by action was not required.	the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the ar for approval.	mendment(s)
	by the shareholders through voting groups. The follow oting group entitled to vote separately on the amendme	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 9 27	2022	
	president or other officer – if directors or officers have incorporator – if in the hands of a receiver, trustee, or	
	iciary by that fiduciary)	oner count
\mathcal{N}	(Typed or printed name of person signing)	
	CEO (Title of person signing)	
	(The Orperson signing)	