

Feb. 16, 2023 10:16 AM

AMEND CORRECT/RESTATE

No. 00000000

P2300000751

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RESIGN
MICHAEL M INC**

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February 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL M INC
4161 W 10TH AVE
DIALEAH, FL 33012

SUBJECT: MICHAEL M INC
REF: P23000000751

RECEIVED
TALLAHASSEE, FL
FEB 16 2023

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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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000037655.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H23000058946
Letter Number: 523A00003743

Articles of Amendment
to
Articles of Incorporation
of

MICHAEL M INC

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

P23000000751

(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:

MICHAELLE INC

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)

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)

Florida

(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.

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STATE OF FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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TALLAHASSEE, FL

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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1) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Add	_____	_____	_____
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<input type="checkbox"/> Remove	_____	_____	_____
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2) <input type="checkbox"/> Change	_____	_____	_____
------------------------------------	-------	-------	-------

<input type="checkbox"/> Add	_____	_____	_____
------------------------------	-------	-------	-------

<input type="checkbox"/> Remove	_____	_____	_____
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3) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Add	_____	_____	_____
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<input type="checkbox"/> Remove	_____	_____	_____
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4) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Add	_____	_____	_____
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<input type="checkbox"/> Remove	_____	_____	_____
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5) <input type="checkbox"/> Change	_____	_____	_____
------------------------------------	-------	-------	-------

<input type="checkbox"/> Add	_____	_____	_____
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<input type="checkbox"/> Remove	_____	_____	_____
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6) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Add	_____	_____	_____
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<input type="checkbox"/> Remove	_____	_____	_____
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 TALLAHASSEE FL

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The date of each amendment(s) adoption: 02/14/2023, if other than the date this document was signed.

Effective date if applicable: 02/14/2023
(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)

Dated 02/14/2023

Signature RM
(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)

REINALDO MADERO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

STATE OF FLORIDA
TALLAHASSEE, FL

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