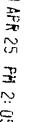
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MCFP INC	<u> </u>			
DOCUMENT NUME	P23000004817				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this ma	itter to the following:			
	SAMUEL BEHAR				
Name of Contact Person					
BEHAR CPA PLLC					
•	Firm/ Company				
	10101 FOUNDREN RD STE	E 400			
Address					
HOUSTON TX 77096					
City/ State and Zip Code					
OFFICE@BEHARCPA.COM					
	E-mail address: (to be us	sed for future annual report	notification)	رن الم	
				- 2	
For further information	concerning this matter, plea	se call:			
SAMUEL BEHAR		at (231-6959	ALLAHASSEE,	
Name o	f Contact Person	Area Cod	le & Daytime Telephone Number	7. H	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	FL	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Divisior The Ce 2415 N	Address ment Section of Corporations rate of Tallahassee f. Monroe Street, Suite 810 ssee, FL 32303		

2023 APR 25 PM 2:

Articles of Amendment to Articles of Incorporation of

MCFP INC		
(Name of Corporation as currentle	v filed with the Florida Dept. of State)	
P23000004817		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	Pro-
name must be distinguishable and contain the word "corporation," "C"." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A"	company," or "incorporated" or the abbreviation "Corp., 1 professional corporation name must contain the wor	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	521 NW 56TH ST, MIAMI, FL, 33127	
(17mcpar typice address <u>incorress transfer institution</u>)		
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	521 NW 56TH ST, MIAMI, FL, 33127	
		,
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent		
	S. C.	202
tFlorida stre	eet address)	ir ! !
New Registered Office Address:	, Florida	APR 25
	(City) (Zip Code) To	က် <u>.</u>
		₽ !!
New Registered Agent's Signature, if changing Registered Agent:		2: 07
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.	07
	-	
Signature of New Re	egistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

The date of each amendm late this document was sign	ent(s) adoption:	, if other than the
Effective date <u>if applicable</u>		
<u></u>	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and	l shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	stes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
03/ Dated	29/2023	
Signature	Mariana Del Carmen Ferreira Priette (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)	2
	MARIANA DEL CARMEN FERREIRA PRIETO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	FILED 2023 APR 25 PM 2: 06 SECRETARY OF STATE TALLAHASSEE, FL