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(City)	/State/Zip/Phone	e #)
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06/28/2023

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MILK	EYACE CO	DRP FEIN 92-351895	
DOCUMENT NUMBE	R: 10040663725	I NEW (Ref #)	FEIN 92-351895	
	Amendment and fee are sul			
Please return all correspo	ondence concerning this ma	tter to the following:		
	MAGNOLIA MILKEYA	M POWE		
		Name of Contact Persor	n	
	MILKEYAG	CE CORP	•	
		Firm/ Company		
	7710 SE	12th CIR	B	
_		Address		
	OCALA	FL City/ State and Zip Cod	3 <i>4480</i>	
		City/ State and Zip Cod	e	
			gmail - CoM notification)	
_	E-mail address: (to be us	ed for future annual report	notification)	
For further information of	oncerning this matter, pleas	se call:		
Magnolia M	Powell	at (<u>'443</u>	de & Daytime Telephone Number	
// Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
	g Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	ox 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 1	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

MILKEY ACE CORP (Name of Corporation as current) FEIN 92-3518951	
(Name of Corporation as currently	y filed with the Florida Dept. of State)
FEIN 92-3518951	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
MILKYACE CORP	The new
name must be distinguishable and contain the word "corporation," "c" "Inc.," 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 word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PR ::
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	
(Florida str	eet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agents I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered Agent, if changing
Check if applicable	

☐ 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)

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: X_Change	<u>PT</u>	John Doe	
X Remove	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title S	John W Powell Jr 443 880 4908	Address 7710 SE 12th CIR OCALA, FL
Remove 2)Change			34480
Add Remove 3) Change			
Add Remove 4) Change			
Add			
5) Change Add Remove			
6) Change Add			

E. If amending or adding addi (Attach additional sheets, if n	ecessarv). (Be specific)			
DUE TO	SPELLING	ERROR	WE	REQUEST
ENTITY NO	AME CHAM	16E FRO	m	
MICKEYACE	E CORP	70		
		ACE CO		
	, 			
	MILKY	ACE CO) <u> </u>	
. If an amendment provides				
provisions for implementing (if not applicable, indic	ng the amendment if not co ate N/A)	ntained in the amendme	nt itself:	

.

he date of each amendment(s) adoption:	04/16/2023	, if other than the
ate this document was signed.		
Effective date if applicable:	04/16/2023	·····
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block doe ocument's effective date on the Departmen	s not meet the applicable statutory filing require t of State's records.	ments, 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 sh	areholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes east for the for approval.	e amendment(s)
	y the shareholders through voting groups. The foli- ting group entitled to vote separately on the amend	
"The number of votes east for the a	mendment(s) was/were sufficient for approval	
by:		
	(voting group)	
Dated 04//4	6/2023	
Signature		President
(By a director, p	resident or other officer – if directors or officers h	
	incorporator – if in the hands of a receiver, trustee iary by that fiduciary)	, or other court
_//	Masnolia M. Powell	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	
$\bigcap I$		

Vice President

04/16/2023