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of B10/2023

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MUSCIBURU SPRVICE (ORP DOCUMENT NUMBER: P230000 79 5410

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

 $\frac{V M V 9 (NOV k V Q)}{E-\text{mail address: (to be used for future annual report notification)}}$

For further information concerning this matter, please call:

A LEJON DEB MUGABURU Name of Contact Person at (305) 440 - 7697 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

S43.75 Filing Fee & Certificate of Status ☐ \$43.75 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 Ai to	mendment					
	A	rticles of Inc of	orporation					•
, ·						2023 : 10		
(<u>Nam</u>	ue of Corporation	as currently	filed with t	the Fl	orida Dep	t. of State)		; 5:28
MUSCIPURU SPR		ORP	<u>PZ</u>		<u>()000</u>)79 <u>54</u>	10	
	(Docume	nt Number of	Corporation	ı (if kı	nown)			•
Pursuant to the provisions of section 60 its Articles of Incorporation:	07.1006, Florida (Statutes, this I	Florida Prof	it Cor	poration a	dopts the follow	ing amend	ment(s) to
A. If amending name, enter the new	name of the cor	poration:						
name must be distinguishable and conta "Inc.," or Co.," or the designation "chartered." "professional association	"Corp." "Inc."	or "Co". A					tion "Corp	
B. Enter new principal office address	ss, if applicable:		Ale	<u>5(1</u> ~	Uno	MUYa	bur	\underline{v}
(Principal office address <u>MUST BE A</u>	<u>A STREET ADDI</u>	<u>RESS</u>)	967	Ч	Ś	ID AU.	e	
			104	E	548	Mjami	F1, 3	331SC
C. <u>Enter new mailing address, if ap</u> (Mailing address <u>MAY BE A POS</u>)						_
								_
D. <u>If amending the registered agent</u> new registered agent and/or the r				ia, en	ter the nai	me of the		
<u>Name of New Registered Age</u>	<u>nt</u>							
		(Florida stre	vet address)				_	
New Registered Office Addres	<u>ss:</u>					. Florida		_
			City)			_, Florida (<i>Zip Code</i>)		

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.

• • • • •

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.

<u>X</u> Change	<u>PT</u>	John Doe					
<u>X</u> Remove	<u>V</u>	Mike Jones					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Nai	me		<u>Addres</u> s		
1) Change	P		HEJONN RU	MUgabur	W 9671		11C
Add					IN ESUD	Miami FI	35100
Remove							
2) Change							
Add							
Remove 3) Change			<u></u>				
Add					·		
Remove							
4) Change						. <u> </u>	
Add							
Remove							
5) Change							
Add							
Remove							
<i>б</i>) Change							
Add							
Remove							

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

•	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 11/13/2023	, if other than the
date this document was signed.		
-		
Effective date if applicable: _	11/13/2023	
, · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in th	is block does not meet the applicable statutory filing requirements, th	his date will not be listed as the

P document's effective date on the Department of State's records.

Adoption of Amendment(s)

by:

(CHECK ONE)

- Dearthe 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

(voting group) Dated Signature (By a director, president on 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) AHTANORO (Typed or printed name of person signing) 28SIDRY+ INWAR

(Title of person signing)