# P24000063437

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JAN 1 6 S. PRATHER

### COVER LETTER

Division of Corporations Machinnivael, Corp 724000063437 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mi Vall Machin Crozeo

Nume of Contact Person

Machin Vi UCIEL, Corp

Firm/ Company 18640 NM 2 nd CT E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 305, 796-7061 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ∐343.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

Machinni	Wall (Orp		202
(Name of Corporation as co	arently filed with the Florids	a Dept. of State)	
1 LUCUUI	03431		- J
(Document Nu	mber of Corporation (if known	)	٠٠
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpora</i> d	tion adopts the following ame	
A. If amending name, enter the new name of the corporat	ion:		. 1
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc." or "C "chartered," "professional association," or the abbreviation	So". A professional corporal	rated" or the abbreviation "Co	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u> .		-
	****		
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		he name of the	
new registered agent and/or the new registered office a		ie name of the	
Name of New Registered Agent			
(Flo	orida street address)	. ,	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Florida	
	(Ciņ <sub>)</sub>	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		zations of the position.	
Signature of	New Registered Agent, if chang	ging	
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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones		Tel Co	vreating Officer Name.
X Add	<u>SV</u>	Sally Smith		J084 CD	vyeany Onex, Teme,
Type of Action (Check One)  1) Change	Title	<u>Name</u>	lodin N	tolan Dorce	Address  1 YOUU NW Quelet
Add			, - <u> </u>	<u> </u>	Miani, FL 33169
Remove 2) Change	P	_ Nicc	ael Mac	Im Droza	18040 DW Inder
Add					Miani, FC 33169
Remove Change					
Add					
Remove					
4) Change				<del></del>	
Add					
Remove					
5) Change	<del></del>				
Add					
Remove					
6) Change	<del></del>				
Add					
Remove					

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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- · · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an eych	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sh action was not required.	areholder
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	2924
by"	<u> </u>
(voting group)	Ü
Dated	2 - 22.
Signature 1	<u>ගු</u> දෙ
(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)	·
Mirael Manhin Orozco	<u>.</u>
(Typed or printed pame of person signing)	
(posto)	
(Vitle of person signing)	