## P94000036036

	Requestor's Name)				
(	Requestors Name)				
	•				
(Address)					
,					
	Address)				
(	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
< <sup>-</sup> >	Business Entity Name)				
J (	Business Entity Name)				
•	Document Number)				
(	Document Number)				
Certified Conies	Certificates of Status				
Ocitined Objied					
Special Instructions	to Filing Officer:				
	1				
	·				

Office Use Only



200159635212

09/01/09--01008--014 \*\*35.00

W09000039423



B. KOHR

EXAMINER

O9 SEP -3 PN 2: 35
SECRETARY OF STATE
ALLAHASSEE FIORINA

A 50789, 00572, 02209, 00671

**Charter Number Only** 

Flettos + company
Requestor's Name
1575 SW 87 RVE.

Address
MIRMI FL 33174
City State 217 Phone
305 446-3000

OS SER -3 PA 2: 35

## CORPORATION(S) NAME

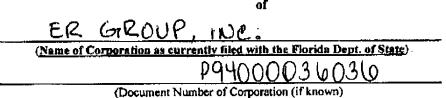
ER GROUP,	Inc.	
-		
Profit	1 Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
( ) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready ( ) Walk in ( ) Will Wal	( ) Call If Problem	( ) After 4:30 ( ) Mail Out
Name Availability Datument		
Exeminer		
Updater		
Verifier		
Acknewladgmant		

CR2E031 (R8-85)

W.P. Varifier

**Empire** Toll Free: 1-800-432-3028

## Articles of Amendment to Articles of Incorporation of



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

R. MIAKUI GROUP, INC.  be must be distinguishable and contain of reviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "c	
e must contain the word "chartered," "pro		
Enter new principal office address, if app ncipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u> )	
Yf omending the registered agent and/or	registered office address in E	Touida antar the name of the
If amending the registered agent and/or new registered agent and/or the new reg		Torida, enter the name of the
		Torida, enter the name of the
new registered agent and/or the new regi		Torida, enter the name of the
new registered agent and/or the new regi		
new registered agent and/or the new registered Agent:	istered office address:  (Florida street add	<i>lress)</i> , Flori <b>d</b> e
new registered agent and/or the new regintered Agent:	istered office address:	lress)

Page 1 of 3

## 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) Type of Action Address Title Name: ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (utach additional sheets, if necessary). (Be specific) F. 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	(r) adoption:	8 31	109	·	
	a) adoption.	(date of ado	ption is required	d)	
Effective date <u>if applicable</u> :	(no more than 90	days after an	nendment file de	rte)	
Adoption of Amendment(s)	(CHF	CK ONE)			
The amendment(s) was/wer by the shareholders was/we			The number of	votes cast for the	amendment(s)
The amendment(s) was/wer must be separately provided					
"The number of votes of	ast for the amend	ment(s) was/v	vere sufficient f	or approval	
by	(voting group)				
The amendment(s) was/wer action was not required.	e adopted by the t	oard of direc	tors without sha	reholder action a	nd shareholder
The amendment(s) was/wer action was not required.	e adopted by the i	incorporators	without shareho	older action and sh	areholder
Dated08	124 12009	}			
Signature					
(By	a director, preside cted, by an incorp ointed fiduciary by	orator - if in	the hands of a re		
			SHTERE	WBERG signing)	
	PPF	SIDENT Derson signir	T		_