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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: A & M MARKET	ING AND PHLEBOTOM	Y INC
DOCUMENT NUMBE	P96000066124		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
C	RLANDO E REYES		
<del></del>	<del></del>	Name of Contact Person	n
C	RLANDO E REYES PA		
		Firm/ Company	
2	2711 SW 137 AVENUE #81		
<del></del>		Address	
N	11AMI, FL 33175		
_		City/ State and Zip Cod	e
REYAT	TTY@AOL.COM		
	J	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call;	
ORLANDO E REYES		at ( <sup>305</sup>	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	de Address diment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle

## Articles of Amendment

to
Articles of Incorporation
of

18 MAY 10 AH 11: 41

## A & M MARKETING AND PHEEBOTOMY INC.

## (Name of Corporation as currently filed with the Florida Dept. of State

P96000066124

(Document Number of Corporation (if known)

			, 
A. If amending name, enter the new name of the cornoration MILO DISTRIBUTORS CORP	1		**** · · · · · · · · · · · · · · · · ·
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc."	or "Co". A profession	"incorporated" ar al corporation name	the abbreviation must contain the
word "chartered," "professional association," or the abbreviatio	on "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·	
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 a	address in Florida, ente	er the name of the	
new registered agent and/or the new registered office add	ress:	and the second second second second	
Name of New Registered Agent			\$ 4, 5
			· · · · · · · · · · · · · · · · · · ·
(Florida	a street address)	······································	
New Registered Office Address:	4	. Florida	
A THE STATE OF THE	(C(p)	, Florida	(Zip Code)
		S	
New Registered Agent's Signature, if changing Registered Age	ent:	:	
hereby accept the appointment as registered agent. I am famili	iar with and accept the c	ibligations of the pos	ition.
			en e

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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<del></del>	
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icies, enter change(s) nere; (Be specific)
DNLY A NAME CILANGE	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
IA	

	MAY 1 2018	
The date of each amendment(s) a	doption:	if other than the
date this document was signed.	LY 1 2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the sharcholders. The number of votes east for the amendm ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, =====================================	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholde	τ
Dated	018	
Signature	My Le	<del></del>
	director, president or other officer – if directors or officers have not b	
	ed, by an incorporator — if in the hands of a receiver, trustee, or other ated fiduciary by that fiduciary)	court
	AMAURY IZQUIERDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	