P97000017250

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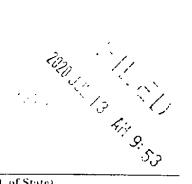
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MILESTONE GRO	OUP INC	
	1BER: P97000017250		
	s of Amendment and fee are su	bmitted for filing.	
Please return all com	espondence concerning this ma	tter to the following:	
	KAREN DAY		
		Name of Contact Person	
	MILESTONE GROUP INC	rame or comment torso.	
		Firm/ Company	
	488 NE STILLWATER COV	• •	
		Address	
	PORT ST LUCIE FL 34983		
		City/ State and Zip Code	
	MILESTONE 1956@GMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KAREN DAY	1	at (772	233-2239
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



MILESTONE GROUP INC

(<u>Name</u> c	f Corporation as currently	v filed with the Florida Dept. of State)
P97000017250		
	(Document Number of	Corporation (if known)
fursuant to the provisions of section 607. ts Articles of Incorporation;	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control of the designation of the contain of the contain of the control of the	the word "corporation," "c forp," "Inc," or "Co". A	milestone (manufacture) Ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Nove. Piernains Same
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> o	<u>cable:</u> OFFICE BOX1	624 N.E. Canoe Ponk Circ Pont St Lucie 34983 41
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr v registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	KAREN DAY	
New Registered Office Address:	488 NE STHE WATER CO (Florida street) PORT STEUCIE	Elorida 34983
New Registered Agent's Signature, if cl	MAL ranging Registered Avent:	(Zip Code)
naveoy accept the appointment as regist.	ered agent. I am familiar w NON OY Signature of New Re	th and accept the obligations of the position.

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.

X Change	PI	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	Dane
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u>)</u>
Add			
Remove			
δ) Change		-	
Add			
Remove			

amending or adding additional Article attach additional sheets, if necessary).	(Be specific)
	- Sónc
-	
-	
If an amendment provides for an exchan	rge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:
	\

	APRIL 17 2020
The date of each amendment(s) addate this document was signed.	doption:, if other than the
APF Effective date <u>if applicable</u> :	RIL 17 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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
by	
	(voting group)
APRIL 17 : Dated	2020
Signature (By 2)	rector, president or other officer – if directors or officers have not been
selected	d. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	KAREN DAY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)