## P97000105447

(Re	equestor's Name)	
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(Ac	idress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Miami Stem Cell C	Corp	<u> </u>	
DOCUMENT NUM	P97000105447		<u> </u>	
The enclosed Articles	v of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Ingrid Machado			
	<del>·</del>	Name of Contact Persor	l	
	Machado Group Corp			
		Firm/ Company		
	7374 SW 93rd Ave Suite 202	• •		
		Address		
	Miami, FL 33173			
		City/ State and Zip Code	2	
	ingridmachado551@gmail.co	om		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea:	se call:		
Ingrid Machado		at (	551-0900	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 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)	
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 Amendment to Articles of Incorporation of

Miami Stem Cell Corp	5			
(Name of Corporation as current	tly filed with the Florida Dept. of State) :			
P97000105447				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(			
A. If amending name, enter the new name of the corporation:				
Machado Group Corp	The new			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word			
B. Enter new principal office address, if applicable:	7374 SW 93rd Ave			
Principal office address MUST BE A STREET ADDRESS )	Suite 202 ~ B			
	Miami, FL 33173			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8724 Sunset Drive			
	Suite 460			
	Miami, FL 33173			
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address				
(Florida s	street address)			
·	,			
New Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,			
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian				
Signature of New	Registered Agent, if changing			
Check if applicable	····a·····			

☐ 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<del></del>	
Add			
Remove			<del> </del>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
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Remove			
5) Change			<del></del>
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Remove			
6) Change			
Add			
Remove			

Attach ada	ng or adding ditional sheet	ts, if necessa	ry). (Be	specific)					
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lf an ame	ndment pro	vides for an	exchange	e, reclassifi	ication, or c	ancellation	of issued sha	ires,	
provision	ns for imple	men <u>ti</u> ng the	<u>amendm</u>	ent if not c	ontained in	the amend	nent itself:		
(if no	ot applicable	, indicate N/	A)						
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The fol for each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/01/20 Dated	24	
	difector, president or other officer – if directors or officers too, by an incorporator – if in the hands of a receiver, trusted inted fiduciary by that fiduciary)	
	Ingrid Machado	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	