P99000082505

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MALACHI ACRE	S. INC.	
DOCUMENT NUM	BER: P99000082505		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	DALIZA LEEDS		
		Name of Contact Person	1
	BARRY A. DIAMOND, P.A		
		Firm/ Company	
	5541 N. UNIVERSITY DRIV	VE. SUITE 103	
		Address	
	CORAL SPRINGS, FL 3306	7	
		City/ State and Zip Code	:
	STEPHENMUCCIO@GMA	IL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
DALIZA LEEDS		at (_) 752-5000
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made [payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

Articles of Incorporation of



MALACHI ACRES, INC.	2021 FFR
(Name of Corporation as cur	rently filed with the Florida Dept. (6: State)
P99000082505	TALL ARY OF STATE
(Document Num	SECRETARY OF STATE TALL ARRY OF STATE aber of Corporation (if known) SEE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new
	n, ""company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 new registered agent and/or the new registered office ade	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A language of the appointment as registered agent. I am fami	
Signature of N	lew Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doc	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	DONICE MUCCIO	4780 Godrey Road
Add			Parkland, FL 33067
X Remove			
2) X Change	PTD	STEPHEN MUCCIO	4780 Godrey Road
Add			Parkland, FL 33067
Remove 3) Change	VSD	STEPHEN M. MUCCIO	1365 Crystal Way
X Add			#H
Remove			Delray Beach, FL 33444
4) Change			
Add			-
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	
	· · · · · · · · · · · · · · · · · · ·

Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
· · · · · · · · · · · · · · · · · · ·	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	isted as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
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	
by" (voting group)	
(voting group)	
Dated	
Signature Strike /// 3.500	
(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)	
STEPHEN MUCCIO	
(Typed or printed name of person signing)	
(Title of person signing)	_