## 500501

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MCON 1, Inc.			
DOCUMENT NUM	200501			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	Mikeł I., Machado			
		Name of Contact Persor		
	MCON 1, Inc.			
		Firm/ Company		
	305 Alcazar Ave Suite 3			
		Address		
	Coral Gables, Florida 33134			
	<del></del>	City/ State and Zip Code	2	
ipilar	@renegadeinvest.com			
	<del>-</del>	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Mikel L. Machado	_	at ( <u>305</u>	447-1776	
Name of Contact Person		Area Co	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	□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		Street Address Amendment Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

23/9/1 125 PM

МС	CON 1, Inc.		- <sup>23</sup> Fi 1:18
(Name o	of Corporation as currently	filed with the Florid	
	\$00501		
<u> </u>	(Document Number of	Corporation (if known	n)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "(	Co". A professional c	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
<ul> <li>C. Enter new mailing address, if applie (Mailing address MAY BE A POST)</li> <li>D. If amending the registered agent an new registered agent and/or the new registered agent</li></ul>	<u>OFFICE BON)</u> nd/or registered office addr		the name of the
new registered agent and/or the new	Mikel L. Machado	<u>.</u>	
Name of New Registered Agent	Mikel L. Machado		
	305 Alcazar Ave Suite 3 C	oral Gables, Fl 33134	
	(Florida str		
New Registered Office Address:	305 Alcazar Ave Suite 3 C		. Florida 33134
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	thanging Registered Agentstered agent. I am familiar v	with and accept the obt	igations of the position.
<del></del>	Signature of New R	egistered Agent, if cha	nging ——

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)	Title	Name	<u>Addres</u> s
1) Change	PTS	Luis Machado	305 Alcazar Ave Suite 3
Add			Coral Gables, Fl 33134
x Remove			
2) Change	PTS	Mikel L. Machado	305 Alcazar Ave Suite 3
X Add			Coral Gables, Fl 33134
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

iach additional shee	g additional Art	(Be specific)				
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an amendment pro	vides for an exc	hange, reclassif	ication, or cand	ellation of issue	ed shares,	
rovisions for imple	menting the amo	endment if not c	contained in the	amendment it:	self:	
(if not applicable	z, indicate N/A)					
						<del>-</del> -
			<del></del>			<del></del>
		<u></u> .				

	November 1, 2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	1 1 2010	
Nov Effective date <u>if applicable</u> :	rember 1, 2019	
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for ifficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The jee each voting group entitled to vote separately on the an	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
action was not required.	opted by the board of directors without shareholder action opted by the incorporators without shareholder action an	
action was not required.	spece by the medipolators without shareholder action an	a shareholder
Dated	11/15/2019	
	M////	
Signature	11444	
	Brector, president or other officer - if directors or office	
	ed, by an incorporator – if in the hands of a receiver, trus	tee, or other court
appoir	nted fiduciary by that fiduciary)	
	Mikel L Machado	
	(Typed or printed name of person signing)	4+1-4
	PTS	
	(Title of person signing)	<del></del>