

(i	Requestor's Name)		
	Address)		
(/	Address)		
((City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(1	Business Entity Name)		
(1	Document Number)		
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MHCORP, INC.		
	BER: P14000096929		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	GLORIA J BRAVO		
		Name of Contact Person	1
	MHCORP, INC.		
		Firm/ Company	
	3440 HOLLYWOOD BLVD		
		Address	
	HOLLYWOOD, FL 33021	rudiess	
		City/ State and Zip Code	e
BGI	ORIA@MIICORP.NET		
		sed for future annual report	notification)
			, and the same of
or further informatio	n concerning this matter, pleas	se call:	
GLORIA J BRAVO		. 954	983-4252
Name	of Contact Person	at (de & Daytime Telephone Number
			, ,
inclosed is a check to	or the following amount made	payable to the Florida Depa	irtment 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)
Ame	iling Address endment Section		Address ment Section
	ision of Corporations		n of Corporations
P.O. Box 6327 Tallabassee, FL 32314			Building vecutive Center Circle

Tallahassee, FL 32301



July 27, 2017

GLORIA J BRAVO 3440 HOLLYWOOD BLVD STE 415 HOLLYWOOD, FL 33021

SUBJECT: MIICORP, INC. Ref. Number: P14000096929

We have received your document for MIICORP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 617A00015169

Articles of Amendment

to Articles of Incorporation

of

MIICORP, INC.			
(Name o	f Corporation as currently	v filed with the Florida Dept. of State)	
P14000096929			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this i	Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
"Corp.," "Inc.," or, Co.," or the design word "chartered," "professional associa B. Enter new principal office address,	ation "Corp," "Inc," or "C tion," or the abbreviation ". if applicable:	n," "company," or "incorporated" or the c Co". A professional corporation name must P.A."	abbreviation
(Principal office address <u>MUST BE A S</u>	IKE <u>ET ADDKESS</u>)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the ney	<u>OFFICE BON</u>) d/or registered office addr		
1	GLORIA J BRAVO	-	
<u>Name of New Registered Agent</u>	3440 HOLLYWOOD BLV	/D STE 415	_
	(Florida stro	·	_
New Registered Office Address;	HOLLYWOOD	, Florida 33021	
	1	(City) (Zip	Code)
New Registered Agent's Signature, if c	ered agent. I am familiar w	erith and accept the obligations of the position.	

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: <u>X</u> Change	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	S	TEJEDA, SARA C	3440 HOLLYWOOD BLVD.	
Add			STE 415	
X Remove			HOLLYWOOD, FL 33021	
2) Change	T,D	TEJEDA, GUIDO V JR	3440 HOLLYWOOD BLVD.	
Add			STE 415	
X Remove	./	1	HOLLYWOOD, FL 33021	
3) Change	<u> </u>	<u> </u>		
Add	!	l		
Remove	/			
4) Change	NA	NN		
Add	•	(
Remove	1	1		
5) Change	WA	4 <i>N</i>	<u> </u>	
Add	`	(
Remove				
6) Change	NA	A	- N/A	
Add	1			
Remove				

ach additional sheets.	additional Articles, enter change(s) here: if necessary). (Be specific)	
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		<u> </u>
an amendment provi	des for an exchange, reclassification, or cancellation of issued sl	iares,
rovisions for implement	enting the amendment if not contained in the amendment itself:	
(if not applicable, i	naicate IVA)	
<u> </u>		
		
		· <u>-</u>

	07/17/2017	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
	07/17/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	nt file date)
	is block does not meet the applicable statutory filing is Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast e sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. If for each voting group entitled to vote separately on the	
"The number of votes	east for the amendment(s) was/were sufficient for appro-	val
by	(voting group)	·
	(voting group)	
action was not required.	adopted by the board of directors without shareholder a adopted by the incorporators without shareholder action	
•	0017	
07/17/2 Dated		
Signature	A John	
(By	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, ointed fiduciary by that fiduciary)	
	GLORIA J BRAVO	
	(Typed or printed name of person signin	g)
	PRESIDENT	
	(Title of person signing)	

MiiCorp, Inc d/b/a Millennium Insurance & Investments 3440 Hollywood Blvd., Suite 415, Hollywood, FL 33021 Ph: 954.983.4252 / Fax: 954.212.2255

Monday, July 17, 2017

Florida Department of State Amendment Section Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

RE: MIICORP, INC DOCUMENT #P140000096929

Please, see included requested changes for the referenced. Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Gloria/I. Bravo/CIC President/Agent

MiiCorp, Inc.