## NO5 00000 9948

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A. RAMSEY NOV 0 1 ZULI

A. RAMSEY NOV 0 1 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: N05000009948 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) Avenue Suite 914
(Address) FLORIDA 33131 (City/ State and Zip Code) Mande son e miamical or of the annual report notification) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **□\$52.50** Filing Fee Certificate of Status Certified Copy 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

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

CILED 2021 NOV-1 PH 12 34

MCCS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	, )
(Document Number of Corporation (if known)	· "(1
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new maliting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent: MATIKEW ANDERSON  150 S.E. Second Ave Suite 914	ł
New Registered Office Address:  Miami Florida 33/31  (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

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 X.Remove X.Add	PT John D Y Mike J SY Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>Expc</u> Director	Nestor A. Rodago	ez 150 SE 2 <sup>nd</sup> Ave ————————————————————————————————————
X Remove	<i>)</i> *		
2) X Change Add	CARIEMAN	Alex Fraser	150 SE 7 nd Ne SVITE 914
Remove 3) X Change Add Remove	<u>Blecutive</u> Director	MATTHEW Anderson	150 SE 2nd fre #914 Minn 33134
4) Change Add	TREASURER	BRITTHNY SHARPTON	1 150 55 2 nd Ave # 914 MIAN FL 3313 1
Remove  5) Change Add	TRAISVEER	PATRICIA A Thorp	150 SE 2nd Ave # 914 - MIAMI EL 331341
Remove			
6) Change Add			
Remove			
E. If amending or (attach additiona	adding additional Ar il sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
Effective date if applicable:  (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 listed as the
document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

ø′	There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
	Dated	November 1, 2021
	Signature	Matt Andusen
	(By	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
		MATTLEN ANDERSON (Typed or printed name of person signing)
		EXECUTIVE DIRECTOR (Title of person signing) 2 PAST CHAIRMAN)
		2 PAST CHAIRMAN