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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MEN-TAL TRAD	NG CORP	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	JOSE L TALMA		
•		Name of Contact Person	1
	MEN-TAL TRADING COR	2	
		Firm/ Company	
	731 SW 95 WAY		
		Address	
	PEMBROKE PINES, FL 330	025	
		City/ State and Zip Cod	e
	. 6 .		
joseta ———	lma@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JOSE L TALMA		at (201	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fcc	□\$43.75 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, Ft. 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle
		Tallah	assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MEN-TAL TRADING CORP.					
81-2592058 PIGOC	f Corporation as currently filed	with the Florida Dept. of State)			
	(Document Number of Corp	oration (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the fol	llowing ame	endmer	nt(s) t
A. If amending name, enter the new na	me of the corporation:				
N/A			The	new	
name must be distinguishable and con, "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". tion," or the abbreviation "P.4."				
B. Enter new principal office address, (Principal office address MUST BE A S					
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 new		Florida, enter the name of the		7 JUL 24	
Name of New Registered Agent	N/A		7 2 2 4 7 4 7 4 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2	5
			25	<u> </u>	
	(Florida street ado	lress)	<u></u>	39	
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nd accept the obligations of the pos	ition.		
	Signature of New Registe	red 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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	VP	RAMON MENENDEZ AZCARRAGA	Via Aurora 8715
X Add			B- Vitacura
Remove			Santiago de Chile, Chile
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			<del></del> ,
4) Change	<del></del>		
Add			
Remove			
5)Change	<del></del>		
Add			***·
Remove			700
6) Change			
Add		——————————————————————————————————————	
Remove			

	(Be specific)
'A	
45.	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption date this document was signed.	July 20, 2017 n:	, if other than th
<u>-</u>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Department	loes not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment of the approval.	(s)
	by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):	nent
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
July 20, 2017 Dated		
Signature(By/a errector	r, president of state officer – if directors or officers have not been	
	in incorporates if in the hands of a receiver, trustee, or other cou	ırt
appointed fid	uciary by that fiduciary)	
/ JÓSE	CL. TAKMA	
<del></del>	(Typed or printed name of person signing)	
Presid	dent	
<del></del>	(Title of person signing)	