## 462679

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	rations	
NAME OF CORPOR	ATION: Mindie	's, Inc 79
DOCUMENT NUMBI	er: <u>4626</u>	79
	f.Amendment and fee are su	
Please return all corresp	ondence concerning this ma	tter to the following:
-	Peter	Signere Jr. Name of Contact Person
-	(A+2) N+1	Firm/ Company
-	Sunrise,	13 2nd AVE Address FL 33325 City/ State and Zip Code
	Yomay	City/ State and Zip Code  5 4 9 9 11 100 00 10 10 10 10 10 10 10 10 10 10
For further information	concerning this matter, pleas	e call:
<i>feter</i>	Signore, Jr	at ( 954 ) 300 8409  Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Amen	ng Address dment Section on of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

•	Articles of Incorporation	
Andre'	of	
	on as currently filed with the F	lorida Dent. of State)
· · · · · · · · · · · · · · · · · · ·	2679	or min Boyn. or Start,
	nent Number of Corporation (if k	nown)
	•	·
Pursuant to the provisions of section 607,1006. Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	<u>erporation:</u>	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	"," "Inc." or "Co". A professio	
B. Enter new principal office address, if applicable	<b>?:</b>	
(Principal office address <u>MUST BE A STREET ADL</u>		
C. <u>Futer new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register	red office address in Florida, en	ter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
		*
<del></del>	(Florida sireet addiess)	<del></del>
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
New Registered Office Address:	- Ciri	Florida
	(Cι <sub>ζ</sub> ν)	(Zip Code)
		nad
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of History
nerve, weeepe in appoinment is registered agent.	- сап запана мян ана иссерств	P Tri
		AND SUR THE

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 = ChiefExecutive 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Peter Signore, Jr.	912 NW 132ml Ave
_X Add			Sunrise, FL 33325
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	<del></del>		
Add			<del></del>
Remove			<del></del>
6) Change			
Add			
Remove			

	nal sheets, if ne	tional Articles, e ecessary). — (Be s	specific)			
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·	<u> </u>		•			
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<u>fan amendn</u>	ent provides fo	or an exchange,	reclassification	i, or cancellation	of issued shares,	
provisions id	<u>r implementin</u> plicable, indica	ig the amendmen	t if not contain	ied in the amend	ment itself:	
(ii noi tip	prictible, minet	ne way				
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		_				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date if applicable: to 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 of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/26/17-	
Signature	
(By a director, president of 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)	
Peter Signore Jr (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	