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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

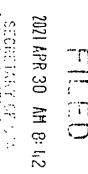
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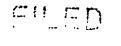
COVER LETTER

TO: Amendment Section Division of Corporations

MARS Con	munity Developm	ent Corporation			
N06000006880					
DOCUMENT NUMBER:		= 14			_
The enclosed Articles of Amendment and fee	are submitted for	filing.			
Please return all correspondence concerning	this matter to the fo	llowing:			
Brenda L. Hill-Riggins					
	(Name of	Contact Person)			_
MARS Community Development Corporation	n				
	(Firm	/ Company)		· · · · · · · · · · · · · · · · · · ·	
13303 SW 135 AVE					
	(/	Address)			
Miami, FL 33186					
	(City/ Sta	te and Zip Code)			
coachbrenda!!!!!@gmail.com					
E-mail address: (t	o be used for future	annual report no	tification	1)	
For further information concerning this matte	r, please call;				
Brenda L. Hill-Riggins		305 at		525-5984	
(Name of Contac	et Person)		Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the	ne Florida Depart	ment of	State:	
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of		d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street Ac	<u>idress</u>		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 APR 30 AH 8: 42

MARS COMMUNITY DEVELOPMENT CORPORATION

SECRETARY OF SILE

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	ALLERIA (SEE, FEE)
N06000006880		
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	<u>:</u> DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
D. If amending the registered agent and/or register		ida, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		cept the obligations of the position.
	Signature of New Re	vistered Avent 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: XChange X Remove X Add	V Mik	<u>i Doe</u> <u>e Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Racquel Garcia	200 172ND STREET APT 502
x Remove 2) Change Add	<u>VPT</u>	Hall, Donnie R., III	Sunny Isle, 33160 3650 CRESWICK CIRCLE ORLANDO, FL 32829
X	<u>T</u>	Sara Calvo	PO Box 12822 Ft. Pierce, FL 34979-2822
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional she		Articles, enter change(s) here:). (Be specific)	

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				<u></u>	
					
The date of each amendment	(s) adoption:				, if other than the
The date of each amendment date this document was signed.					
Effective date if applicable:	04/26/2021	<u> </u>	fter amendment fi		

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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 04/26/2021	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed aductary by that fiduciary)	
Brenda L. Hill-Riggins	
(Typed or printed name of person signing)	
Business Manager	
(Title of person signing)	