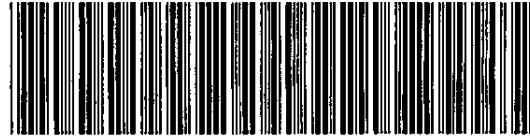


N14000000144

W15000065747



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name change  
Amended

09/28/15--01046--010 \*\*35.00

FILED  
2015 NOV -4 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2015

PHYLLIS FEE  
BLACKBYRD GROUP, LLC  
3839 NW BOCA RATON BLVD., SUITE 200  
BOCA RATON, FL 33431

SUBJECT: MINT FACTORY, INC.  
Ref. Number: N14000000144

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

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2015 annual report. The entity must be reinstated before this document can be filed.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 315A00022165



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2015

PHYLLIS FEE  
BLACKBYRD GROUP, LLC  
3839 NW BOCA RATON BLVD., SUITE 200  
BOCA RATON, FL 33431

SUBJECT: MINT FACTORY, INC.  
Ref. Number: N14000000144

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 315A00020914

RECEIVED  
OCT 13 2015

RECEIVED  
15 OCT 19 PM 12:09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MINT FACTORY, INC.

DOCUMENT NUMBER: N14000000144

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHYLLIS FEE

\_\_\_\_\_  
(Name of Contact Person)

BLACKBYRD GROUP, LLC

\_\_\_\_\_  
(Firm/ Company)

3839 NW BOCA RATON BLVD, SUITE 200

\_\_\_\_\_  
(Address)

BOCA RATON, FL 33431

\_\_\_\_\_  
(City/ State and Zip Code)

ONLINE@BLACKBYRDGROUP.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHYLLIS FEE

561

257-5100

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$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, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

MINT FACTORY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000000144

(Document Number of Corporation (if known))

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:**

BLACKBYRD FOUNDATION, INC.

*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 mailing 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:

3839 NW BOCA RATON BLVD., SUITE 200

(Florida street address)

New Registered Office Address:

BOCA RATON

(City)

, Florida 33431

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>CHARITA ALLEN</u>	<u>3701 FAU BLVD</u>
<input type="checkbox"/> Add			<u>BOCA RATON, FL 33431</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>PHYLLIS FEE</u>	<u>3839 NW BOCA RATON BLVD</u>
<input type="checkbox"/> Add			<u>SUITE 200</u>
<input type="checkbox"/> Remove			<u>BOCA RATON, FL 33431</u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

The date of each amendment(s) adoption: 9/21/15, if other than the date this document was signed.

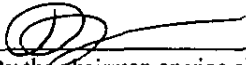
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.
- ☐ 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 9/21/15

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 fiduciary by that fiduciary)

PHYLLIS FEE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)