N17000005170

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MakeMIA Makersp	ace, INC		
	N17000005170			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
Andrea Gellatly				
		(Name of Contact I	Person)	
MakeMIA Makerspace				
		(Firm/ Compar	ıy)	
300 S Melrose Dr				
	<u>-</u>	(Address)		
Miami Springs, FL 33166				
		(City/ State and Zip	Code)	
andrea@teamwitchdoctor.co	om			
E	-mail address: (to be use	d for future annual re	eport notification	n)
For further information cond	erning this matter, please	e call:		
Andrea Gellatly		а	305	807-6232
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A Amendme		-	treet Address mendment Sect	ion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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

MakeMia Makerspace, INC

FILED

Name of Corporation as currently filed with the	e Florida L	Dept. of State)			- z }	25
N17000005170					2024:TIAR 18	Ait	9: n
(Docum	nent Numb	er of Corpora	tion (if known)		`	-	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statuto	es, this <i>Florid</i>	a Not For Profit	Corporation a	dopts the followin	g	
A. If amending name, enter the new name of the	e corporat	ion:					
Spellbound Bots Initiative, Inc					The nev	v	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "ince	orporated" or the	abbreviation '	Corp." or "Inc."	•	
B. Enter new principal office address, if applica	hle:	N/A					
(Principal office address MUST BE A STREET A)			· · ·	-	
				<u> </u>		-	
C. Enter new mailing address, if applicable:		N/A					
(Mailing address MAY BE A POST OFFICE)	BOX)	N/A	<u>-</u> -	<u> </u>		-	
						-	
 If amending the registered agent and/or registered agent and/or the new registered. 			Florida, enter t	he name of the			
	N/A	uui ess.					
Name of New Registered Agent:						-	
	N/A					_	
New Registered Office Address:			(Florida stret	et address)			
		(City)		Florida, Zip C		-	
				ع دراها	· · · · · /		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			d accept the obli	aations of the n	acitian		
nereay accept the appointment as registered agent	i. i am jar	nusur wun un	и иссері іне оон	зинопъ ој те р	osition.		
-	Si	nature of Ne	w Registered Age	ent 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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	<u>vs</u>	Michael Gellatly	300 S Melrose Dr Miami Springs, FL 33166
Remove			
2) Change Add	<u>D</u>	Richard Pease	
Remove 3) X Change Add Remove	PT	Andrea Gellatly	300 S Melrose Dr Miami Springs, FL 33166
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
			

adopted by the boar	rd of directors.
Dated	March 13, 2024
Dated _	
Signature _	
l	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)
	Andrea Geliatly
	(Typed or printed name of person signing)
	Treasurer, Secretary
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were