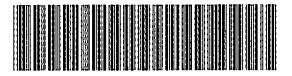
M19000005687

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 28, 2020

DARYL MENNER MELBOURNE MERCENARIES INC 3440 LAKEWOOD DR WEST MELBOURNE, FL 32904

SUBJECT: MELBOURNE MERCENARIES INC

Ref. Number: N19000005687

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 current name of the entity is as referenced above. Please correct your document accordingly.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 620A00018632

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Melbourne Melecharies Inc
DOCUMENT NUMBER:N 19000005687
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
. '
Melbourne Mercenaries Inc
3440 lakewood de
WEST Melboune FL 32004 (City/ State and Zip Code)
Helbourge Melbourne Mercerary @ gmail. Com
For further information concerning this matter, please call:
The Menner at (321) 432-6960 (Name of Contact Person) at (321) 432-6960 (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S S43.75 Filing Fee S S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Enclosed)

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

. // 1)	naries INL
(Name of Corporation as currently filed with the Florida Dept.	-1_1V::i=1V=
N 190000 568	
(Document Number of	
Pursuant to the provisions of section 617,1006, Florida Statutes, the amendment(s) to its Articles of Incorporation:	s Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
-	TOO T
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A?
	
	<u> </u>
	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	Sanchez JR
	
<u>15 59 P</u>	lasters Rd NW
New Registered Office Address:	
Palm Bo	1 10/100
<i>(C</i>	ाँए) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.
Julia	fances The of New Registered Agent, if changing
- Signan	ne ig re mi tegatered rigera, g endaging

and address of each Of (Attach additional sheet Please note the officer/a P = President; V = Vice	fficer and/or Div s, if necessary) firector title by the President: T= T = Chief Financi	ector being added: ne first letter of the office ti- reasurer; S= Secretary; D: al Officer. If an officer/dir	tle: = Director; TR= Tru	director being removed and title, name, stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office
	aves the corpora	tion, Sally Smith is named		PST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
Example: X_Change X_Remove X_Add	<u>V</u> <u>Mike</u>	Doe : Jones : Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
i) Change Add				
Remove 2) Change Add			<u>.</u>	
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
Add				

Change
Add
Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

____ Remove

•	·			
-				
······································				
				
				
		<u> </u>		
			<u>-</u> -	
The date of each amendment(s)	adoption:			, if other than the
date this document was signed.	Ol las	2000		
Effective date <u>if applicable</u> :	(no mpre that	DDD 190 days after amend	ment file date)	
Note: If the date inserted in this b	lock does not meet the	e applicable statutory		ate will not be listed as the

Adoption of Amendment(s)

(<u>CHECK ONE</u>)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

•	nembers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
Dated	14 OCT 20
Signa	
	(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)
	DAILY Menner (Typed or printed name of person signing)
	Commissioner / President
	(Title of person signing)