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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

MINORITY MAME OF CORPORATION:	MIND LIGHT CO	ORP	_		
N20000013005 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a	re submitted for	filing.			
Please return all correspondence concerning thi	is matter to the fo	llowing:			
PETER WAHBA					
<del></del> -	(Name of	Contact Person	1)		
ACCOUNTAX & PAYROLL, INC.					
	(Firm	/ Company)	<u>.</u>		<u> </u>
1908 LAND O LAKES BLVD, STE 4					
	(/	\ddress)			
LUTZ, FL 33549					
	(City/ Star	te and Zip Code	:)	<del></del>	
OFFICE@ACCOUNTAXFL.COM					
E-mail address: (to b	oe used for future	annual report i	notification	1)	
For further information concerning this matter,	please call:				; ; ; ; ; ;
(1)		at	<i>(</i> ) 1.)	/D : T !	
(Name of Contact I Enclosed is a check for the following amount m	•			(Daytime Telep State:	onone Number)
S35 Filing Fee S43.75 Filing Fee Certificate of S	tatus Certifie	onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Secti n of Corpo entre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## MINORITY MIND LIGHT CORP

(Name of Corporation as currently filed with the I	Florida Dept. of State)	
20000013005		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the o	corporation:	
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or the abbreviation "Corp	The new . " or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	
		<u>رخ دڅ</u> —
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	(Florida street address)	:: ::
_	(City) Florida (Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the positio	n.
	Signature of New Registered Agent, if changing	<del></del>

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 D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	GEORGE FALTAOUS	105 NEWFIELD AVE STE F EDISON, NJ 08837
Remove			
2) Change Add	<u>\$</u>	SANDY FALTAOUS	105 NEWFIELD AVE STE F EDISON, NJ 08837
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Artists, if necessary).	icles, enter change(s) here: (Be specific)	

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<del>-</del>		<del></del>
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date,	)
	ck does not meet the applicable statutory filing requirer	
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	09/01/2022	
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)	
	PETER WAHBA	
	(Typed or printed name of person signing)	
	TREASURER	

(Title of person signing)