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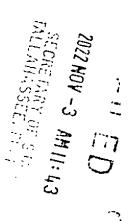
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M& B Training	g and Development		
DOCUMENT NUMBER: N2100009830 N	2/000009	630	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Marchell Scott			
	(Name of Contact Pe	rson)	
M & B Training and Development			
	(Firm/ Company)	. ,
637 NW 39th Ave			
	(Address)	· · · ·	
Lauderhill, Fl. 3331‡			
	(City/ State and Zip C	Code)	
marchell.scott@icloud.com			
E-mail address: (to be	used for future annual rep	ort notification	1)
For further information concerning this matter, pl	ease call:		
Marchell Scott	at	954	9313489
(Name of Contact Pe	 	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida [Department of S	State:
© \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

MEB TRAINING	AND Develo	5 MENT
(Name of Corporation as currently filed with the F	lorida Dept. of State)	•
1/ 2/00009830		
(Documen	it Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not I</i>	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 "company" or "Co." may not be used in the name.	corporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		a, enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ot the obligations of the position.
	Signature of New Regi	stered Agent, if changing

If amending the Off	ficers and/or Dir Officer and/or D	ectors, enter the title and name of each off Director being added:	lcer/director being removed and title,
(Allach adainonal sh	eets, if necessary)		
P = Provident: $V = V$	r/director title by	the first letter of the office title:	
Executive Officer; CF held. President, Treas	ce Frestaent; 1= FO = Chief Financ surer, Director wo	Treasurer; S= Secretary; D= Director; TR= cial Officer. If an officer/director holds more ould be PTD.	Trustee: C = Chairman or Clerk: CEO e than one title, list the first letter of eaci
Changes should be no a change, Mike Jones Mike Jones, V as Rem	nted in the followi. leaves the corpor ove, and Sally Sm	ng manner. Currently John Doe is listed as tration, Sally Smith is named the V and S. The nith, SV as an Add.	the PST and Mike Jones is listed as the V se should be noted as John Doe, PT as a
Example:			
X Change X Remove		n Doe	
X Add	V Mik	cc Jones	
<u> </u>	2 A 2811	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Travis Perry	3841 NW 7th Pl.
Remove			Lauderhill, Fl. 33311
2) Change	D	Dicition Court	
× Add		Phillip Scott	2676 NW 24th st Ft. Lauderdale, Fl. 33311-2810
Remove	D	64 . (.//) C .//	3354 NW 172 St
3) Change _ Y Add	<u> </u>	Marchell D. Scott	Law Exhill, FL 33311
Remove			
4) Change		 	
Add			
Remove			
5) Change			——————————————————————————————————————
Add			
Remove			
6) Change			
Add			
Remove			
E 16			
(attach additional she	ng additional Ar	ticles, enter change(s) here:	
(attach additional she	eis, ij necessary).	(Be specific)	

		
		
The date of each amondment(s) ado	option:	, if other the
date this document was signed.	prion	_, ir onter tis
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
□ Th		
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s).	

Dated	08/06/22				
Signatur	(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)				
	Marchell Scott				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.