N21000011697

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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: ME N	OF Today (orp			
DOCUMENT NUMBER: N2100011697				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
<u>Demetrius</u>	ackson			
Men of Toda	Iame of Contact Person)			
21390 NW 9+	n Pl Unit 11-303			
21390 NW 9+ Miami, FL 3-	3169			
(City/ State and Zip Code)				
Jackson demetrius 10 gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Demetrius Jackson at 305-833-4498 (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:				
Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Flor	rida Dept. of State)
MEN of Today (or	O - W21000011697 Jumber of Corporation (if known)
(Document i	Sumber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Sumendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	
name must be distinguishable and contain the word "col	The new poration" 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:	21370 NW 9th Place
(Principal office address <u>MUST BE A STREET ADDR</u>	$U_0(1 + 1) = 000$
	Miami, FL 33169
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, 21390 NW 9th Place
	Unit 11-303
	Miami, FL 33169
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address) , Florida
	(City) / (Zip Code)
New Registered Agent's Signature, if changing Regis	tered 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 Doc 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	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Jackson, Terry	21930 Nw 9th Place Unit 11, Apt. 303
Remove 2) Change Add	\mathcal{L}_{-}	Brown bregon	Miami, FL 33/69 21930 NW 9+n Place Unit 11, Apt 303
Remove 3) Remove Add Remove			Miami, FL 33169
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			****
Remove			
E. If amending or add (attach additional sho	ing additional a	Articles, enter change(s) here: (). (Be specific)	
Change	e a	ddress for *P	TD"- Demetrius Jackson,
#'D"- Sato	ni Dra	ene, *D" - Sicr	Tackson, and #D"
1210 Jac	rison t	0 21390 NW	1+h_pl\
		Unit 11-30	· · · · · · · · · · · · · · · · · · ·
		Miami, FL	33169

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The date of each amendment(s) adoption:
The date of each amendment(s) adoption:, if other than the
date this document was signed
Effective date if applicable: 1// 19/21
(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 annual many (a) may (annual based based and based based and based based and based based and based
The amendment(s) was/were adopted by the members and the number of votes east 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

Signature

(Bythe 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 coart appointed fiduciary by that fiduciary)

Dematrical Jackson

(Typed or printed name of person signing)

(Title of person signing)