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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Mini Melts Inc.		
DOCUMENT NUME	P00000003254		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Thomas Mosey		
	<del></del>	Name of Contact Person	n
	Mini Melts Inc.		
		Firm/ Company	
	20991 Pinar Trail		
		Address	· · · · · · · · · · · · · · · · · · ·
	Boca Raton, FL 33433		
		City/ State and Zip Cod	e
tmose	y@minimelts.com		
<del>~~</del>	• •	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joy Tulloch		561 at (	251-7323
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Industry	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mini Melts Inc.	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P00000003254	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>i</u>
N/A	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	iress:
Name of New Registered Agent N/A	
	9 (7
(Floria	la street address)
New Registered Office Address:	Florida SA RB
THE WATER CONTROL THAN CONTROL THE CONTROL	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famili	
Thereby accept the appointment as registered agent. Tum jumi	na with and accept the somigations of the position.
_,	
Signature of N	ew 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 = Chie;  $Executive\ Officer$ ;  $CFO = Chief\ Financial\ Officer$ . 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	<u>PT</u> Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P/CEO	Thomas Mosey	20991 Pinar Trail
Add			Boca Raton, FL 33433
Remove			<del></del>
2) Change	s 	Joyce Tulloch	427 Prairie Rose Lane
X Add			Boca Raton, FL 33487
Remove			
3 ) Change	<del></del>		The second secon
Add			- 200
Remove			70 m
4) Change	<del></del>		HIO: 20
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
N/A	
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	19 AUG SECRETA ALL AHAS
If an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing the amendment if not contained in the amendment itself:	AS C
(if not applicable, indicate N/A)	22 <b>6</b>
Thomas Mosey 100% shareholder	િંક <u>ૐ</u> ા
Lavon Tulli ah 600 aharahaldar	AMIO:
loyce Tułłoch 0% shareholder	10: 20 OP/DA
	20 DA
	·
	<del>_</del>

	8/12/19	4.2
The date of each amendment(s) ado date this document was signed.	ption:	, if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date rement of State's records.	e will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement och voting group entitled to vote separately on the amendment(s):	nı
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	75. <b>19</b>
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	FIL CREIAN
8/12/19		The State
DatedSignature	m·.	A CONTROL OF SOLUTION Of Solut
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	60 A
т	homas Mosey	
_	(Typed or printed name of person signing)	·
O	fficer/Director	
_	(Title of person signing)	