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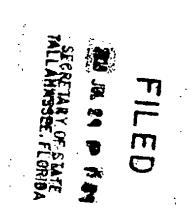
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: MML VENTURE	S, INC.	<del></del>	
DOCUMENT NUMBE	R:			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
L	eo Calligaro			
	<u> </u>	Name of Contact Persor	·	
N	IML VENTURES, INC.			
<del></del>		Firm/ Company		
6	101 Hwy. 524			
_		Address		
C	ocoa, Fl 32926			
		City/ State and Zip Code	•	
lcalliga	ro@gmail.com			
	-	sed for future annual report	notification)	
	13 111411 1110010001 (10 11 -		,	
For further information of	concerning this matter, pleas	se call:		
Leo Calligaro		at ( <sup>321</sup>	277-2055	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

MML VENTURES, INC.		FILED			
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)			
P02000011614	011614				
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	SEGRETARY OF STATE s Florida Profit Corporado de la 1865 de la 186			
A. If amending name, enter the new na	ame of the corporation:				
	·	The new			
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."			
B. Enter new principal office address,	if applicable:	MML VENTURES, INC.			
(Principal office address <u>MUST BE A S</u>		5901 Hwy. 524			
		Cocoa. Fl 32926			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		MML VENTURES, INC.			
		6101 Hwy. 524			
		Cocoa, Fl 32926			
D. If amending the registered agent an new registered agent and/or the new		<del></del>			
Name of New Registered Agent	Leo Calligaro				
	6101 Hwy. 524				
	(Flòrida s	treet address)			
New Registered Office Address:	Cocoa	, Florida			
		(City) (Zip Code)			
	\	$\setminus$			
New Registered Agent's Signature, if c	hanging Registered Agen	6.			
		with and accept the obligations of the position.			
<del></del>	Signature of New	Registered Agent, if changing			

Page 1 of 4

## 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	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	P	Leo Calligaro	6101 Hwy. 524			
X Add	<del></del> -		Cocoa, FI 32926			
Remove						
2) X Change	v	Mauro Calligaro	6362 Vineland Rd. Apt. 201			
Add			Orlando, FL 32819			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

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:  (if not applicable, indicate N/A)		sneets, if neci	essary). (b	Be specific)				
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provisions for implementing the amendment if not contained in the amendment itself:		<del></del> _	<del> </del>	<del></del>	<del></del>	<del>.</del>	<del></del>	
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	07/01/2019	9		
The date of each amendment(s) addate this document was signed.	doption:		<del> </del>	, if other than the
Effective date if applicable:				
	(no me	ore than 90 days af	er amendment file date	)
Note: If the date inserted in this bedocument's effective date on the De			utory filing requirement	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK O</u>	<u>ONE</u> )		
The amendment(s) was/were add by the shareholders was/were su			of votes cast for the ame	endment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s	s) was/were sufficie	nt for approval	
by	(voting gro	iuni		
☐ The amendment(s) was/were add action was not required.		1 \	hareholder action and s	hareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorpor	rators without share	holder action and share	nolder
07/23/2019 Dated	(		/	
Signature		<del></del>		
selecte		r if in the hands o	rectors or officers have f a receiver, trustee, or o	
	Leo Calligaro			
	(Typed o	or printed name of p	erson signing)	
	President			
		(Title of person	signing)	