

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001614153)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SCOPINO & ASSOCIATES, LLC

Account Number : I20230000114

Phone : (727)442-1120

Fax Number : (727)562-2816

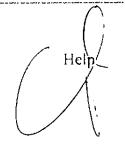
Enter the email address for this business entity to be used for future Fig. Finter only one email address please.

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN MINCRY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MINCRY INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARL B SCHUSTER Name of Contact Person MINCRY INC. Firm/ Company 4134 LAKE CONWAY WOODS BLVD Address ORLANDO, FL 32812 City/ State and Zip Code minderyme.inc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 4421120 ! Area Code & Daytime Telephone Number Antonio Scopino Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

1	of		
illinery i			
(Name of Corpora	tion as currently filed with	the Florida Dept. of State)	
P06000028487			
(Docu	ment Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Pro	ofit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
Mindery Inc.			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbi	," or "Co". A profession		
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 B	<u></u>		2024 HAY -
			8 AM
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ida, enter the name of the	9: 12
Name of New Registered Agent			
	}		
	(Florida street address)		
N= P====== I AM = III	i		
New Registered Office Address.	(City)	, Florida	(Zip Code)
	(City)		(mp com)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and acc	ept the obligations of the pos	sition.
_	•		
Sign	nature of New Registered As	ent if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT	John Doe	,			
X Remove	<u>v</u>	Mike Jones	ł			
_X Add	<u>sv</u>	Sally Smith	·			
Type of Action (Check One)	Title	<u>Name</u>	'	<u>Addres</u> s		
1) Change	• • • • • • • • • • • • • • • • • • • •	.,				
Add			,		·····	
Remove			•		2021	
2) Change		<u> </u>	l		2024 HAY	Π
Add			,			
Remove 3) Change			<u> </u>		(9) T	£ 8
Add					9: 12	
Remove			1			
4) Change						
Add						
Remove			,			
5) Change				_		
Add						
Remove						
6) Change	- v-	<u></u>	<u> </u>			
Add			•			
Remove			<u> </u>			

The date of each amendment(s) adoption:			, if other than the
date this document was algued.	,	,	-	
Effective date if applicable:		₹		
Enterire dute <u>or appression</u>	(no more than	90 days after amendr	nent file date)	
Note: If the date insorted in thi document's effective date on the			g requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	1 ,		
The amendment(s) was/were sction was not required.	adopted by the incorporators, o	or board of directors w	rithout shareholder action as	id shareholder
☐ The amendment(s) was/were by the shareholders was/were		The number of votes ca	nst for the amendment(s)	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders t for each voting group entitled t			THAY 2024 HAY
"The number of votes c	ast for the amendment(s) was/v	were sufficient for app	oroval	
by	(voting group)	<u>}</u>	" ————	0
	(voling group)	·		SIZ
M: Deted	ay 1, 2024	1		Y-8 M 9: 12
				~ 70
Signature		· · · · · · · · · · · · · · · · · · ·		
selo	a director, president or other of cted, by an incorporator—if in ointed fiduciary by that fiducia	the hands of a receive		
	carl schuster	}		
	(Typed or printe	ed name of person sign	ning)	
	COLUMN 1/2014 12:18 CO	π¦ (Ε()	
	(Title of person	signing)		
		,t		
		•		

·. ...

ł

14