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C. BRUMBLEY
JUN 3 0 2022

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MALLORY & MC	CALL INC	
DOCUMENT NUM	IBER:	, and a	·
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jen Brinkman		
		Name of Contact Persor	1
	Privateer Services Inc		
		Firm/ Company	
	4915 Rattlesnake Hammock	#139	
		Address	
	Naples, FL 34113		
		City/ State and Zip Code	0
	skya27@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		774-3713
	of Contact Person	at (239)	de & Daytime Telephone Number
	or the following amount made		
\$35 Filling 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)
An Div P.C	niling Address nendment Section distribution of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

MALLORY & MCCALL INC

NACLORY & MCCALL INC	on as currently filed with the Fl	orida Dept. of State)		
P07000127655		,		
(Docum	ent Number of Corporation (if kr	iown)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the follow	wing amend	ment(s) t
A. If amending name, enter the new name of the co	orporation:			
KELMELMENDELL INC			The n	'c'W'
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbre	or "Co". A professional cor			
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.)  D. If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent	red office address in Florida, en	ter the name of the	SECRETARY OF STATE	FILED
	(Florida street address)			
	(Purad Mreet dairess)			
New Registered Office Address:	(('iiv)	, Florida(2	(ip Code)	-
New Registered Agent's Signature, if changing Registered agent.  I hereby accept the appointment as registered agent.  Signature Signature of Check if applicable	istered Agent: I am familiar with and accept the ture of New Registered Agent, if		nn.	
☐ The amendment(s) is/are being filed pursuant to s. 6	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.

Example: X Change	<u>P F</u>	John Doe			
X Remove	$\underline{V}$	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change			<del></del>		
Add					
Remove					
2) Change					
Add					
Remove 3.) Change	<del></del>				
Add					
Remove					
4) Change			12.77		
Add					
Remove				<u> </u>	
3) Change					
Add					
Remove					
6) Change					
Add					_
Remove					

	or adding additional Articles, enter change(s) onal sheets, if necessary). (Be specific)	
	•	
<del></del>		
an amend	ment provides for an exchange, reclassification	n, or cancellation of issued shares.
provisions	<u>or implementing the amendment if not contai</u>	ned in the amendment itself:
(if not a	pplicable, indicate $N(A)$	

•

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(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 amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
04/01/2022 Dated
Signature Muleser Merkell
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)
Melissa Mendell
(Typed or printed name of person signing)
President
(Title of person signing)