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(Re	equestor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	MENIN DEVELO	PMENT, INC.	
DOCUMENT NUME	BER: P08000001241		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LORI LUCAS		
		Name of Contact Person	1
	MENIN DEVELOPMENT, I		
		Firm/ Company	
	101 SE 4TH AVENUE	This Company	
		Address	
	DELRAY BEACH, FL 3348	3	
		City/ State and Zip Cod-	e
LLUC	CAS@MENIN.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LORI LUCAS		561 at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MENIN DEVELOPMENT, INC.

(Name of Corporati	ion as currently file	ed with the Florida	Dept. of State)	
P08000001241				
(Docur	nent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Flor	ida Profit Corporati	on adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc, " or "Co"	. A professional co		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	_			19 404 67 C
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter th	e name of the	P 125
Name of New Registered Agent				08ATIONS 1 2: 39
	(Florida street a	ddress)		_ š
New Registered Office Address:			, Florida	
	(City	יי	(Ziq	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the oblig	ations of the position	
· · · · · · · · · · · · · · · · · · ·	natura of Vina Parrie	stared secont if chang	rina	_

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	<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	VP	MARC YAVINSKY	101 SE 4TH AVENUE
Add			DELRAY BEACH, FL 33483
X Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
	
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	<u></u>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed. OCTOBER 18, 2019 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 statuto document's effective date on the Department of State's records.	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by(voting group)	·"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	rcholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 11-15-19	
Dated 11-15-19 Signature Concludes	
Signature ou was	
(By a director, president or other officer – if director)	
selected, by an incorporator – if in the hands of a	receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Lori Lucas	
(Typed or printed name of per	son signing)
Treasurer	
(Title of person sig	gning)