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SECRETARY OF STATE
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COVER LETTER

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TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:	My	Air Freshe	ner, Inc. 968Z
DOCUMENT NUMBER:	<u>Po</u>	8000089	7687
The enclosed Articles of Amendmen	t and fee are su	bmitted for filing.	
Please return all correspondence con	cerning this ma		
	D	Avid Sisson Name of Contact Person	<u>M</u>
		Firm/Company Shevidan Address	
	Hol	ly wood, FL (City/State and Zip Code SSOM 57 e	33020
E-mail ac	d Si	SSOM 57 e. g	gmail. Com
For further information concerning t	his matter, pleas	se cali:	
David Siss	om.	at (305	610-6622
Name of Contact Per	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
	Filing Fee & cate 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)
<u>Mailing Address</u> Amendment Section	vn		Address Iment Section
Division of Corpor			on of Corporations
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32	.51 4	2415 f	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

FILED to

Articles of Inco	•
My Air Fr.	eshenev202TAPRZ4 PM 1:01
(Name of Corporation as currently	r filed with the Florida Dente of StateS TΔTE
Pa 800	0089618LZAHASSEE, FL
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: Mind Designs.	Inc. The new
name must be distinguishable and contain the word "corporation," "co "luc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1450 Shevidan St E-21 Hollywood FL 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable \Box 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)

Example:

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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change	***************************************		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			***************************************
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	- 111-111-1
···········	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
and the state of t	endment if not contained in the amendment itself:
provisions for implementing the ame.	
(if not applicable, indicate N/A)	

.

The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date if applicable:	3/29/21	
(ne	to more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of State	neet the applicable statutory filing requirements, this dat ite's records.	te will not be listed as the
Adoption of Amendment(s) (CHEC	EK ONE)	
The amendment(s) was/were adopted by the inecaction was not required.	orporators, or board of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendment(s royal.	s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro	nareholders through voting groups. The following stateme oup entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendm-	nent(s) was/were sufficient for approval	
by		
(voting y	group)	
Dated3 29 2	21	
Signature		
(By a director, president	it or other officer – if directors or officers have not been	
selected, by an incorpor appointed fiduciary by t	erator – if in the hands of a receiver, trustee, or other court	
	Pavid Sissom	
(Тур	ned or printed name of person signing)	
4	dres.	
(Title	e of person signing)	