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SECHETARY OF STATE
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COVER LETTER . . .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE MINT 4203	CORP.			
DOCUMENT NUMI	BER: P11000043374				
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	MAX ADAMS				
		Name of Contact Person	n		
	THE MEDI LAW FIRM				
		Firm/ Company			
	2151 S LEJEUNE ROAD	SUITE 306			
		Address			
	CORAL GABLES, FL, 331	34			
		City/ State and Zip Cod	e		
INFO	@THEMEDILAWFIRM.CC	DM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MAX ADAMS		305	444-3484		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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 2664 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P11000043374 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(sits Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", a professional corporation name must contain the word "corporation," or the abbreviation "P.A." B. Enter new principal office address if applicable: (Principal office address if applicable: (Mailing address MAY BE A POST OFFICE BOX) North Miami Beach , 33160 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) North Miami Beach , 33160 D. If amending the registered agent and/or registered office address: Name of New Registered Agent THE LAW OFFICES OF MAX A ADAMS ESQ PLLC (Florida street address) CORAL GABLES (City) (Zip Code)	THE MINT 4203 CORP.						
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Miami Beach , 33160 C. Enter new mailing address MAY BE A POST OFFICE BOX) North Miami Beach , 33160 THE LAW OFFICES OF MAX A ADAMS ESQ PLLC Name of New Registered Agent THE LAW OFFICES OF MAX A ADAMS ESQ PLLC 1515 S LEJEUNE ROAD SUITE 306 (Florida street address) CORAL GABLES Plorida CORAL GABLES		of Corporation as currently	filed with the Florida Dept. of S	tate)			
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment is its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Miami Beach , 33160 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) North Miami Beach , 33160 D. If amending the registered agent and/or registered office address: Name of New Registered Agent THE LAW OFFICES OF MAX A ADAMS ESQ PLLC Plorida Street address: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC (Florida street address) CORAL GABLES Florida 33134	P11000043374						
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Leady Same A	New Neglatered Coffice Address.	(City)				_	
	New Registered Agent's Signature, if c	hanging Registered Agent:					
New Registered Agent's Signature, if changing Registered Agent:			ith and accept the obligations of th	te position.			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		m 1 1	4				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		La O. Od	en.				
		Signature of New Re	egistered Agent, if changing				

address of each Office (Attach additional shee Please note the officer, P = President; V = Vid Executive Officer; CF held, President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Remo	er and/or I ets, if neces /director tit ce Presiden (O = Chief urer, Direct ted in the fo leaves the c	Director being added: sary) the hy the first letter of the office title: the hy the first letter of the office title: the hy the first letter of the office title: the hy the first letter of the officer being the history with the history would he PTD.	h officer/director being removed and title, name, and r: TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V: There is S. These should be noted as John Doe, PT as a Change.
Example: XChange	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
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The date of each amendment(s) adoption:	, if other than the
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 vidocument's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature (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 fiduciary) (Typed or printed/name of person signing)	FILED 19 JUL -9 AM 9: 39
\mathcal{D}_{PS} .	
(Title of person signing)	