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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: MLD ENTERPRISES, INC DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEAN NICHOIS
Name of Contact Person MAD CNTERPRISES INC 9381 LAKESIDE LANE BOYNTON BEACH 7/ City/ State and Zip Code Manual report notification) For further information concerning this matter, please call: JEAN NICHOLS Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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 (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

MLD CNTERP	RISCS, Tuc	STATE OF PER OF
(Name of Corpora	ation as currently filed with the Florid	la Dept. of State)
(Doc	cument Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corpor</i> d	ation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	nc," or "Co". A professional corpora	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )	
D. If amending the registered agent and/or registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	,	. Florida
hen heginered office maness.	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		igations of the position.
Siş	gnature of New Registered Agent, if cha	nging

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.

Example: X_Change	PT John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	; <u>Addres</u> s
l) 🔀 Change	SCERETAR)	JEAN NICHOIS	938/ LAKeside LANE
Add	TREASURER		BOYNTON BEACH, 7/
X Remove	Samormal		<u>33437</u>
2) X_ Change	TREASURER	STEVEN PAVLIK	1791 REVERE DR.
X Add			HAMPTON, VA
Remove 3 ) Change			23664
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional	al Articles, enter change(s) here:
(Attach additional sheets, if necessar	ary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
. If an amendment provides for an	n exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/2	e amendment if not contained in the amendment itself:
(i) in apprenie, maleure in	<i>A</i> 1)

The date of each amendment(s) addate this document was signed.	doption: April 6,2020	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amen officient for approval.	dment(s)
	proved by the shareholders through voting groups. The following 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)	
Signature(By a di selected	irector, president or other officer – if directors or officers have no d. by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)  JEAN JICHOLS  (Typed or printed name of person signing)	
•	PRES	
	(Title of person signing)	