## P15000000573

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15 MAY 11 AM 7: 19

SLUBBIARY OF STATE
MAIL AHASSEE, FLOREDA

T. LEMIEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: APPLEMINT GRO	OUP INC	
DOCUMENT NUM	BER: P15000000573		<del>.</del>
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	,
Please return all corre	espondence concerning this ma	tter to the following:	
	EREZ TAL		
		Name of Contact Persor	1
		Firm/ Company	
	11335 NW 18 COURT		
		Address	<del> </del>
	PLANTATION, FL 33323		
		City/ State and Zip Code	2
erez	tobol@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
-			
For further information	on concerning this matter, pleas	se call:	
EREZ TAL		786	683-2486
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 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)
An Di <sup>s</sup> P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

APPLEMINT GROUP INC

ATTEMENT GROOT INC	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
	of Corporation (if known)
•	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida si	treet address)
New Registered Office Address:	(City) , Florida(Zip Code)
	(спу) (др соце)
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	ARC ARC
Signature of New	Registered Agent, if changing

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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>-</u> <u>SV</u>		
		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	FADIDA, EYAL	11715 W ATLANTIC BLVD
Add			CORAL SPRINGS, FL 33071
X Remove			
2) Change			
Add			
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			
Add	•		
Remove			
5) Characa			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	, , ,
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

date this document was signed	
Effective date if applicable:	5/6/15
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
■ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
5/6/1 Dated	5
Signature _	EDGIL -TAL
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	EREZ TAL
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)