

P15000044190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

COB. Cannot be filed for AR
either aml AR or Aml.
Office Use Only



800285282088

05/02/16--01016--001 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 23 PM 3:42

FILED

Aml

MAY 24 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2016

LASHAY S. MYLES
5018 E BUSCH BLVD #103
TAMPA, FL 33617

SUBJECT: BLACK MAMBA NATION INC
Ref. Number: P15000044190

We have received your document for BLACK MAMBA NATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of correction cannot be filed to amend the annual report. The amended annual report is the proper vehicle for amending the annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 516A00009344

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLACK MAMBA NATION INC

DOCUMENT NUMBER: P15000044190

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LASHAY S. MYLES

Name of Contact Person

BLACK MAMBA NATION INC

Firm/ Company

5018 E. BUSCH BLVD #103

Address

TAMPA FL 33617

City/ State and Zip Code

gfoxx3699@aol.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LASHAY S. MYLES

Name of Contact Person

at (850) 291-5232

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee
already Pd

☐ \$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
2661 Executive Center Circle
Tallahassee, FL 32301

16 MAY 23 PM 12:22

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 MAY 23 PM 3:42

Black Mamba Nation Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000044190

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to 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.," or the designation "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**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

[illegible][illegible]

The date, of each amendment(s) adoption: 5/18/16, if other than the date this document was signed.

Effective date if applicable: 5/18/16
(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 will not be listed as the document's effective date on the Department of State's records.

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 5/18/16

Signature

LaShay S. Myles

(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)

LaShay S. Myles

(Typed or printed name of person signing)

P.

(Title of person signing)