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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: _	MERECURE ENTERPRISES CORP		
DOCUMENT NUMBER:	P17000036503		
The enclosed Articles of Amendme	ent and fee are submitted for filing.		
Please return all correspondence co	oncerning this matter to the following:		
	AMALIX FLORES		
	Name of Contact Person		
	MERECURE ENTERPRISES CORP		
Firm/ Company			
	8010 Commodity Circle. Suite 10		
	Address		
	Orlando, FL 32819		
	City/ State and Zip Code		

For further information concerning this matter, please call:

AMALIX FLORES Name of Contact Person

at (321) 316-8401 Area Code & Daytime Telephone Number

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

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy

enclosed)

amalixmaria@gmail.com

E-mail address: (to be used for future annual report notification)

(Additional copy is

□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of C	MERECURE ENT	ERPRISES CORP filed with the Florida Dept. of State)
() tanc or c	P17000030	
	(Document Number of O	
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	06, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	e of the corporation:	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	n," "Inc," or "Co". A	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if a	ipplicable:	8010 Commodity Circle, Suite 10
Principal office address MUST BE A STR		Orlando, Fl. 32819
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>	<u>FICE BOX</u> 1	8010 Commodity Circle, Suite 10 Orlando, FL 32819
 If amending the registered agent and/o new registered agent and/or the new r 	or registered office addre egistered office address:	ess in Florida, enter the name of the
Name of New Registered Agent		<u>~</u> ₹7 >
	8010 Commodity Ci	ircle, Suite 10 er address)
_	(Florida stree	et address)
New Registered Office Address:	Orlando	(유) 그 (유)
	()	City) (Zip Code 7 : 55
New Registered Agent's Signature, if char hereby accept the appointment as registere		ith and accept the obligations of the position.
	Signature of New Reg	gistered Agent, if changing
Check if applicable The amendment(s) is/are being filed purs		

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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	р	AMALIX FLORES	30804 White Bird Ave
Add			Wesley Chapel, Fl. 33543
X Remove			
2) Change	P	AMALIX FLORES	8010 Commodity Circle
X Add			Suite 10
Remove 3) Change			Orlando, FL 32819 Orlando, FL 32819
Add			R 14 PH TARY OF AHASSEE
Remove			ART OF ST. HASSEE, F
4) Change			
Add			
Remove			
5) Change			
Add			44
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
		SE .
		걸였
		<u> </u>
		TAHASSEE,
If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,	SET
provisions for implementing the ame (if not applicable, indicate N A)	ndment if not contained in the amendment itself:	E, FL
(y noi appricable, minetic 14.11)		
···	,	
7.0		

2023 APR 14 PM 1: 56

DocuSign Envelope ID: E18E0720-6BD7-40E4-86FA-EE6B408588ED

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	eck does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated 4/10/202	3	
(ined by:	,,, ~ ,
Signature Umaliz	Maria Flores Montero	17 SEC 023
(1) प्र म्बरा गः sulected.	EMEM: president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	2023 APR IL PH SECRETARY OF TALLAHASSET
	AMALIX FLORES	SS.
	(Typed or printed name of person signing)	

PRESIDENT (Title of person signing)