P1700050379

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MADBEANZ ENTERPRISES, INC						
DOCUMENT NUMBER: P17000050379						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
GENE NATALE						
	Name of Contact Person					
ALRON CORPS, INC.	ALRON CORPS, INC.					
	Firm/ Company					
3990 MINTON RD						
	Address					
MELBOURNE FL 32904						
	City/ State and Zip Code					
gene@alronadmin.com						
	sed for future annual report notification)					
	•					
For further information concerning this matter, pleas	se call:					
GENE NATALE	at (321) 951-7626					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □\$52.50 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					

Articles of Amendment to Articles of Incorporation of

MADBEANZ ENTERPRISES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000050379 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: (City) 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

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	S		JACQULYN LANKFORD	151 HOMEWOOD CT
X Add				MILLBROOK AL 36054
Remove				
2) Change		_		
Add			•	•
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	Page 201	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
1 - 11 - 41 - 41 - 41 - 41 - 41 - 41 -	······································
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the aine.	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other then the
date this document was signed. UPON FILING Effective date [f applicable:	
(no more than 90 days after unreadment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filling required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cust for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the annual content of the separately of the same separately	dowing statement adment(s),
"The number of votes cast for the amendment(a) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder notion and action was not required.	shareholder
JULY 14, 2017	
Dated	
(By a director, president or other officer - if directors or officers selected, by an incorporator - if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
MICHAEL CHASTIAN	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	