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S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	MLZL. INC	·
DOCUMENT NUMBI	er: <u>P18</u>	8000070778	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
_	Margaret Me	Mun Lynch - Name of Contact Perso	Sellitto
-	`	L 21 , /// . Firm/ Company	
_	8099	Firm/Company Follow 7	rail
_	Boca	Rufu) F (3 City/ State and Zip Cod	33487
Meghan Lynch ZIO YOLOO COM JE-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, pleas	se call:	
M.Me Mul Name of	1 LYNCH-SULL) Contact Person		de & 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 (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

MML21. Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P18000070718			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this F_0 its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	TO TO TO		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LED 21 AM 8: 52 NASSEE, FLORIDA		
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent Margaret N	reghan Lynch-Sellitto		
New Registered Office Address: For Raf	Florida 33487 (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
M. M. Signature of New Res	gistered 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: XChange	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1)XChange	<u>P</u> <u>Margaret Meghan Lynch</u> Sellitto	8099 Fairway Trail
Add	Sellitto	Boca Kuton, FL 3348
Remove		
2) Change		
Add		
Remove		
3) Change	**************************************	
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
provisions for implementing the amendment if not contained in the amendment itself:			
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provisions for implementing the amendment if not contained in the amendment itself:			
	F. If an amendment provides for an exchange for implementing the amen	ange, reclassification, or cancellation of issued shares,	
		nument if not contained in the amendment users.	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ple statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The man by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throu must be separately provided for each voting group entitled to vo	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	
 The amendment(s) was/were adopted by the board of directors was not required. The amendment(s) was/were adopted by the incorporators without action was not required. 	
appointed fiduciary by that fiduciary)	The directors or officers have not been hands of a receiver, trustee, or other court the director of person signing)
Pues.	person signing)
(Title of	person signing)

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