## P180000 85970

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: MIND CLEAR, CO	ORP	
DOCUMENT NUMBE	R:		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
G	LAUCIA BASTOS		
		Name of Contact Person	1
Т	HE TRUST CIRCLE SER	VICES, LLC	
_		Firm/ Company	
1	001 EAST SAMPLE ROA		
		Address	
Р	OMPANO BEACH FLOR	IDA 33064	
_		City/ State and Zip Code	c
ATEND	DIMENTO@THETRUSTO	IRLCLE.INFO	
<del></del>	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GLAUCIA BASTOS		954	8647884
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MIND CLEAR, CORP (Name of Corporation as currently filed with the Florida Dept. of State) P18000085970 (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 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: (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

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	P	DANIELI FAOT	627 SIESTA KEY CIRCLE
Add			3122
X Remove			DEERFIELD BEACH FL 33441
2) Change	P	ANTONIO FAOT	627 SIESTA KEY CIRCLE
X Add			3122
Remove			DEERFIELD BEACH FL 33441
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change		-	
Add			
Remove			

	g additional Articts, if necessary).	(Be specific)				
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<u>f an amendment pro</u>	<u>vides for an exch</u>	ange, reclassific	cation, or cance	<u>llation of issued s</u>	hares,	
provisions for imple	menting the amer	ndment if not co	ontained in the a	<u>imendment itself</u>	<u>;</u>	
(if not applicable	, indicate N/A)					
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			-			
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06/16/2020	if ashay than the
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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
06/16/2020 Dated	
Across	
Signature (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)	
DANIELI FAOT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	