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SEB 12 JOH

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	ROUP NRDC CORP	
DOCUMENT NUM	P1900001635	1	
The enclosed Article	es of Amendment and fee are su	binitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	ANGEL NARVAEZ		
	<del></del>	Name of Contact Perso	n
	MASTERMING GROUP N	RDC CORP	
		Firm/ Company	
	2782 MONTICELLO P(L S	STE 102	
		Address	
	ORLANDO, FL 32835		
		City/ State and Zip Cod	e
ang	jelantonio.narvaez@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
ANGEL NARVAEZ	2	786 at (	491-1327
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the 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)
Ar Di P.e	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

## MASTERMIND GROUP NRDC CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
PI9000016351	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2782 MONTICELLO PL
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	STE 102
	ORLANDO, FL 32835
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ROISSEP -
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) , Florida(Zip Code)
	(any code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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, a 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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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 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 Chang 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	Address
1) Change	VP	ALFREDO ROSALES	14560 OLD CABERNET CIR
Add			APT 201
XX Remove			WINTER GARDEN, FL 34787
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del> </del>
Remove			
6) Change			
Add			<del></del>
Remove			

,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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<u>if an an</u>	nendment pro	vides for an ex	change, recla	ssification, or c	ancellation of i	ssued shares,	
<u>provisi</u> (if	ions for imple not applicable	menting the an r. indicate N/A)	<u>nendment if n</u>	ot contained in	the amendmen	t itself:	
12	.,	,					
				<del></del> _		<del></del>	<del></del> -
							·
			<del></del>				

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
08/25/201	•
Dated	·
Signature	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ANGEL NARVAEZ
	(Typed or printed name of person signing)
	(Title of person signing)