P19000042 117

(F	Requestor's Name)
(<i>F</i>	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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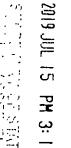


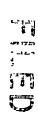
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MINE CL	abs Analytical, Inc.
DOCUMENT NUMBER: P19000	0042117
The enclosed Articles of Amendment and fee are sub-	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Theoc	tore Levitt
Minierla	Name of Contact Person the Analytical, INC Firm/ Company
4300 Bisca	Firm/Company ywe Blud #203 Address
	Address L 33137
	City/ State and Zip Code
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
Theodore hevitt	at (786) 915-9522 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee 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

Articles of Incorporation

Analytical, Inc.

P19000042117

·, ,

(Document Number of Corporation (if known)

s) to

			The	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A professiona			
B. Enter new principal office address, if applic				
(Principal office address MUST BE A STREET A	ADDRESS)	<u>ු</u> සු	2019	
			=	_
		.:-		- PET 277
C. Enter new mailing address, if applicable:		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	-
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	1 7 9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ <u>=</u>	
			- ယ ——–	
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	istored altico address in klamda, ente:			
new registered agent and/or the new registered agent and/or the new registered Name of New Registered Agent		the name of the	_	
new registered agent and/or the new registe		the name of the	_	
new registered agent and/or the new registe Name of New Registered Agent	red office address:			
	red office address:	, Florida	Code)	

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P <u>C</u>	Theodore Levift	11787 W. Atlantic Blvd #8
X Add			(oral Springs, FL 3307 (
Remove			
2) Change Add	VDT	Marc Shavell	2701 Maitland Blvd#10 Maitland, FL 32751
Remove		-	
3) Change	$\overline{\mathcal{DS}}$	David Leurck	3608 Show Ave,
X Add			Cincinnati, OH 45208
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addit	or adding additional Art ional sheets, if necessary).	(Be specific)	_		
					
					
					
				-	
					_
	 -				
<u>If an amend</u>	ment provides for an exc	hange, reclassification, o	or cancellation of issue	d shares,	
provisions	for implementing the amoupplicable, indicate N/A)	endment if not contained	1 in the amendment its	<u>elf:</u>	
(1) 11111	aphicume, maicule (VA)				
					_
					
					
					_

The date of each amendment(s) adoption	7-11-2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	7-11-2019 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amend for approval.	lment(s)
	by the shareholders through voting groups. The following oting group entitled to vote separately on the amendment(
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
hy Presiden	It + Vice President	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareho	lder
Dated	11,2019 Lewith, as President	
Signature	Lewith, as President	
-	president or other officer - if directors or officers have no	
	n incorporator — if in the hands of a receiver, trustee, or oth sciary by that fiduciary)	er court
	Theodore kevitt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	