

P19 000046612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

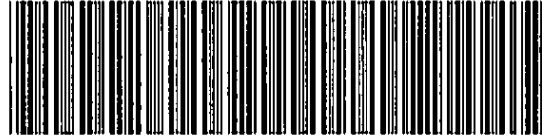
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Kristen Marsh Thomas  
advised that the  
name won't  
8/17/20 (be changing)

Office Use Only



600346755656

06/22/20--01027--008 \*\*35.00

2020 JUL 17 PM 2:27

Amend

AUG 17 2020  
1 ALBRITTON

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Menelas Enterprises Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garry Menelas  
Name of Contact Person

Liberty Multi-services  
Firm/ Company

1122 S Congress Ave Ste. D  
Address

Palm Springs, FL 33406  
City/ State and Zip Code

info@libertymultisvs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garry Menelas at ( 561 ) 563-2245  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2020

GARRY MENELAS  
1122 S. CONGRESS AVE  
STE. D  
WEST PALM BEACH, FL 33406

SUBJECT: MENELAS ENTERPRISES INC  
Ref. Number: P19000046612

We have received your document for MENELAS ENTERPRISES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 220A00014923

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2020 JUL 17 PM 2:27

Mene las Enterprises Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P190000411112

(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:

The new 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)

1122 S Congress Avenue  
Suite D  
Palm Springs FL 33406

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1122 S Congress Avenue  
Suite D  
Palm Springs FL 33406

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 Nicola Marsh Thomas  
1122 S Congress Avenue Suite D  
(Florida street address)

New Registered Office Address: Palm Springs Florida 33406  
(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.

Nicola Marsh Thomas  
(Signature of New Registered Agent, if changing)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                            |                              |
|---|----------|----------------------------|------------------------------|
| 1) <input type="checkbox"/> Change      | <u>D</u> | <u>Nicola Marsh-Thomas</u> | <u>1122 S Congress Ave</u>   |
| <input checked="" type="checkbox"/> Add |          |                            | <u>Suite D</u>               |
| <input type="checkbox"/> Remove         |          |                            | <u>Palm Springs FL 33406</u> |
| 2) <input type="checkbox"/> Change      | _____    | _____                      | _____                        |
| <input type="checkbox"/> Add            |          |                            | _____                        |
| <input type="checkbox"/> Remove         |          |                            | _____                        |
| 3) <input type="checkbox"/> Change      | _____    | _____                      | _____                        |
| <input type="checkbox"/> Add            |          |                            | _____                        |
| <input type="checkbox"/> Remove         |          |                            | _____                        |
| 4) <input type="checkbox"/> Change      | _____    | _____                      | _____                        |
| <input type="checkbox"/> Add            |          |                            | _____                        |
| <input type="checkbox"/> Remove         |          |                            | _____                        |
| 5) <input type="checkbox"/> Change      | _____    | _____                      | _____                        |
| <input type="checkbox"/> Add            |          |                            | _____                        |
| <input type="checkbox"/> Remove         |          |                            | _____                        |
| 6) <input type="checkbox"/> Change      | _____    | _____                      | _____                        |
| <input type="checkbox"/> Add            |          |                            | _____                        |
| <input type="checkbox"/> Remove         |          |                            | _____                        |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

On April 9, 2020, Nicola Marsh Thomas became  
Director of Menelas Enterprises Inc.

**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)*

N/A

The date of each amendment(s) adoption: April 9, 2020 if other than the date this document was signed.

Effective date if applicable: April 9, 2020  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 6-18-2020

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)

Garry Menelas

(Typed or printed name of person signing)

President

(Title of person signing)