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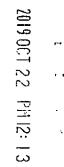
(Requestor's Name)					
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Melizine Holdings Coip NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ONESSA FIMALEN
Name of Contact Person Biscarne Blud USQVISQ 55@ UQNOO, COM E-mail address: (to be used for future amoual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassec, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

of

MELITINE F	10101109	S (01P		
(Name of Corporate	tion as currently	filed with the Florida Dept. of State)	
P19	000097	15		
(Docu	ment Number of (Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this Fi	lorida Profit Corporation adopts the f	ollowing ar	nendment(s)
A. If amending name, enter the new name of the o	orporation:			
Melizine Co	γP		Th	e new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered." "professional association," or the	p," "Inc," or "Co	o". A professional corporation name	r the abbro e must con	viation tain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		No change		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>0X</u>)	Nu change		2019 01 7 2 2
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter the name of the	· :	P: 12: 13
Name of New Registered Agent	No ch	ange		
	(Florida stree	t address)		
New Registered Office Address:		, Florida		
	((City)	(Zip Cod	e)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		th and accept the obligations of the po	osition.	
Siv	nature 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: X Change	<u>PT</u>	John Do	20	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_	<u> </u>	
Add				<u> </u>
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
Kennee				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		·	

		-	
		,	
f an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares	2
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in	the amendment itself:	
(i) not applicable, marcale 1971)			
			<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required. 	
Signature #38 a director, president or other officer – if directors or officers h	nave not been
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	Incupuato, Registeres
(Title of person signing)	
(Title of person signing)	