

P19000072463

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Department of Corporations
Tax Number: (850)622-3436

From: Account Name: MARY'S DISCOUNT INC
Account Number: 14010600460
Phone: (850)324-1114
Fax Number: (850)622-1141

Enter the email address for this address only to be used for future annual report filings. Enter only one email address, please.

Email Address:

COR AMND/RES/STATE/CORRECT OR OLD RESIGN
MARY'S DISCOUNT INC

Certificate of State	b
Certificate of Copy	b
Page Count	2
Estimated Charge	\$12.00

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STATE
TALLAHASSEE, FL

2024 APR 24 PM 1:39

R. HUNT
04/24/24

DocuSign Envelope ID: E561C439-446A-4C48-A560-48E22382B036

Articles of Amendment
to
Articles of Incorporation
of

MARY'S DISCOUNT INC

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

P19000072403

(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)

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

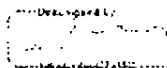
Florida

(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

Check if applicable

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

APR 24 2024
 10:08 AM
 FLORIDA DEPT. OF STATE
 TALLAHASSEE, FL

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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 T and S. These should be noted as John Doe, PTD as a Change, Mike Jones, V as Remove, and Sally Smith, ST as an Add.

Example:

☒ Change P.D. John Doe

☐ Remove V Mike Jones

☒ Add S.V. Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	VP	MARITZA GOMEZ	1155 n washington Blvd unit g
☐ Add			SARASOTA FL 34236
☒ Remove			
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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TREASURY
FL

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F. If amending or adding additional Articles, enter change(s) here.
(Attach additional sheets, if necessary) (Be specific)

PRESIDENT: ALEXIS PINO 100% Stockholder 1155 N Washington Blvd Unit C Sarasota FL 34236

APR 24 AM 11:48
STATE OF FLORIDA
COUNTY OF MIAMI

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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)

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04/24/2024

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

04/24/2024

Effective date if applicable: _____
(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 incorporator(s), 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 04/24/2024
Signed by _____
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)

Alexis Puro

(Typed or printed name of person signing)

President

(Title of person signing)

APR 24 AM 11:48
CLERK OF STATE
TALLAHASSEE, FL
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