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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MBDD, Inc		
	MBER: P19000078218		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	RODNEY S WHITE CPA		
		Name of Contact Person	n
	RODNEY S WHITE CPA		
		Firm/ Company	
	4650 LIPSCOMB ST NE, SU	JITE 20	
		Address	
	PALM BAY FL 32905		
		City/ State and Zip Cod	ę
	RODWHITECPA@EARTH	LINK.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call: at (_321	728-9366
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
■ \$35 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)
A D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

/Standard Communication and automatic				
(Name of Corporation as currently	filed with the Florida Dept.	. of State)		
P19000078218				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	<i>lorida Profit Corporation</i> ad	opis the fol	llowing a	mendment(s)
A. If amending name, enter the new name of the corporation:				
			T.	he new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable:	4650 LIPSCOMB ST NE			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 17	TAL TAL	2021	
	PALM BAY FL 32905	EIA	S _X	17
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4650 LIPSCOMB ST NE	ASSEE	7 AH	TI
	SUITE 17	STAT	ئن ج	
	PALM BAY FL 32905	71j	ယ်	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the nan	ie of the		
Name of New Registered Agent				
Name of New Registered Agent (Florida street)	et address)	- · ·		
(Florida stree New Registered Office Address:	•	. Florida	(Zip Coa	

Check if applicable

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

X Change	<u>PT</u>	John Doo	<u> </u>	
X Remove	\underline{V}	Mike Joi	nes	
X Add	<u>SV</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PVST		CLINT WESTON	4650 LIPSCOMB ST NE
Add		_		SUITE 17
Remove				PALM BAY FL 32905
2) Change				
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>add</i>	ng or adding addition ditional sheets, if neces	sary). (Be specifi	ic)			
				·		
		*				
<u>f an ame</u> provision	ndment provides for us for implementing t	<u>an exchange, recla</u> he amendment if n	<u>ssification, or ca</u> ot contained in t	ncellation of issue he amendment its	<u>ed shares,</u> self:	
(if no	ot applicable, indicate	V/4)				
						-
		_				

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date <u>if applicable</u> :	
(ne	more than 90 days after amendment file date)
Note: If the date inserted in this block does not medocument's effective date on the Department of States	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC	K ONE)
☐ The amendment(s) was/were adopted by the inco- action was not required.	rporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	eholders. The number of votes cast for the amendment(s) oval.
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	<u></u>
(voting	group)
Dated (6\] 3 \ 202 (
(By a director, presiden	for other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)
CLINT WEST)N
(Typ	ed or printed name of person signing)
PRESIDENT	
(Titl	e of person signing)