P200000 28661

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POWER MIND C	ORP	
	BER: P20000028661		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	ALVARO PATINO		
		Name of Contact Person	1
	HISPANIC FINANCIAL TAX SERVICES INC		
		Firm/ Company	
	7401 WILES RD SUITE 126	;	
		Address	
	CORAL SPRINGS, FL 3306	7	
		City/ State and Zip Code	t
	apatino@hispanictaxinc.com		
	_ <u></u>	sed for future annual report	notification)
For further information	on concerning this matter, pleas		ì
Name of Contact Person		Area Co)de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

POWER MIND CORP

(Name of Corporation as current	y filed with the Florida Dept. of State)	
P20000028661		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		-3-
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		ي م
		<u> </u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
	_	
Name of New Registered Agent		_
(Florida st	reet address)	_
·		
New Registered Office Address:	(City) , Florida, Elorida	Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	Convite and accept the obligations of the position	
Thereby decept the appointment as registered agent. I am jumitar	and accept the vongations by the position.	
C . (N T		_
Signature of New K	Registered Agent, if changing	
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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	VP	CAROLINA C. GONZAL	LEZ	15735 SW 41ST ST
X Add				MIRAMAR, FL 33027
Remove			-	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove			-	<u> </u>
5) Change				
Add				
Remove				
6) Change				
Add		<u> </u>		
Remove				

Attach additional sheets, if necess	al Articles, enter change(s) here: earv). (Be specific)
	
-	
f an amendment provides for a	n exchange, reclassification, or cancellation of issued shares,
provisions for implementing th	e amendment if not contained in the amendment itself:
(if not applicable, indicate N	/A)
	
<u>. </u>	

06/23/2020	
The date of each amendment(s) adoption:	, 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 requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
06/23/2020 Dated 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 coappointed fiduciary by that fiduciary)	n ekirt
CARLOS H. ZAMBRANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	