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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Minority Capital,	Inc					
	ABER: P20000036865						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all cor	respondence concerning this ma	atter to the following:					
	Gerasimos Alexander Morfe	sis					
	Name of Contact Person Minority Capital, Inc						
		Firm/ Company					
	118 East Tarpon Ave						
	Address						
	Tarpon Springs, FL 34689						
		City/ State and Zip Cod	de				
	typhoonista@gmail.com						
	E-mail address; (to be u.	sed for future annual repor	t notification)				
	on concerning this matter, plea						
Gerasimos Alexande		at (
Name	of Contact Person	at (727) 485-3130 Area Code & Daytime Telephone Number					
Enclosed is a check t	or the following amount made	payable to the Florida Dep	partment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahagean, El. 22344		Street Address Amendment Section Division of Corporations The Centre of Tallahassee					
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Minority Capital, the	
(Name of Corporation as current P20000036865	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Minority Kapital, Inc	Th
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or 'Co", . "chartered," "professional association," or the abbreviation "P.A."	A professional curroration name must contain the second
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office addinesy registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent N/A	-
	202
(Florida str.	vert address)
New Registered Office Address:	Florida F
	(City) (+iZipt Coat) [1]
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being fited 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 Doc 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	\overline{PL}	John Doe	
\underline{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>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

Company of the E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A

	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	

	May 2, 2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
N/ Effective date if applicable:		
	(no more than ⁹⁰ days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	optoved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u> ."	
	(voting group)	
May 2, 20 Dated Signature	124 A A A A A A A A A A A A A A A A A A A	
(By a selec	director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Gerasimos Alexander Morfesis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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