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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Melissa Minck, PA				
	1BER: P20000042090				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Melissa Minek				
	Name of Contact Person				
	Firm/ Company				
	10603 Overland Trl				
	Address				
Połk City, FL, 33868					
City/ State and Zip Code					
	melissa.minck07@gmail.com	า			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	se call:			
Melissa Minck		at (813	395-3953		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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			Address		
	mendment Section		lment Section		
	vision of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Melissa Minck, PA	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000042090	
(Document Number of	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) 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". "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TO THE STATE OF TH
	7
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	- P. S.
	99
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)
	eer waares.y
New Registered Office Address:	, Florida (City) (Zip Code)
	(M) Cours
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 F	Registered Agent, if changing
· · ·	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Melissa Minck	10603 Overland Trl
Add X Remove			Polk City, FL 33868
2) Change	TRES	Melissa Minck	10603 Overland Trl
Add			Polk City, FL 33868
X Remove 3) Change	SEC	Melissa Minck	10603 Overland Trl
Add			Polk City, FL 33868
X Remove 4) Change Add			
Remove 5) Change			
Add			
Remove 6) Change Add			
Remove			

Attach <i>additional s</i>	ding additional Arti heets, if necessary).	(Be specific)	<u> </u>		
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f an amendment p provisions for im (if not applica	provides for an exch plementing the ame able, indicate N/A)	ange, reclassific ndment if not co	ation, or cancella ntained in the an	tion of issued shar nendment itself:	es.
					<u> </u>
- 					
· .					

The date of each amendment(s	adoption:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	imendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
8/16/202 Dated	0	
a. Ch	2.1 - (h. ")	
Signature //	director, president or other officer – if directors or officers have	ve not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or	
appe	ointed fiduciary by that fiduciary)	
	Melissa Minck	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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