## P20000084773

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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Certified Copies          | Certificates     | s of Status |
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| Special Instructions to F | iling Officer:   |             |
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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MHS COMPANIES INC. DOCUMENT NUMBER: P20000084773 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Osada Name of Contact Person MHS Companies inc Firm/ Company 310 W MAIN STREET Address Inverness, FL 34451 City/ State and Zip Code Michelle@getmns.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 ) 843 - 2125

Area Code & Daytime Telephone Number Michelle Osada Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certifiea Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **Articles of Amendment** to Articles of Incorporation of

| MHS COMPANIES INC.                                                                                        |                              | 2021 (119 71.10: 23                                                                                            |
|-----------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|
| (Name o                                                                                                   | f Corporation as currentl    | y filed with the Florida Dept. of State)                                                                       |
| P20000084773                                                                                              |                              |                                                                                                                |
|                                                                                                           | (Document Number o           | f Corporation (if known)                                                                                       |
| Pursuant to the provisions of section 607, its Articles of Incorporation:                                 | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s) to                                                |
| A. If amending name, enter the new na                                                                     | me of the corporation:       |                                                                                                                |
| N/A                                                                                                       |                              | The new                                                                                                        |
|                                                                                                           | огр," "Inc," or "Co". А      | company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word |
| R. Enter new principal office address if applicable                                                       |                              | N/A                                                                                                            |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
| C. Enter new mailing address, if applie (Mailing address MAY BE A POST C                                  | cable:<br>DEFICE ROX)        | N/A                                                                                                            |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
| D 16                                                                                                      |                              |                                                                                                                |
| D. If amending the registered agent and<br>new registered agent and/or the new                            |                              |                                                                                                                |
|                                                                                                           | N/A                          | •                                                                                                              |
| Name of New Registered Agent                                                                              |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           | (Florida str                 | eet address)                                                                                                   |
| New Registered Office Address:                                                                            | N/A<br>                      | , Florida                                                                                                      |
|                                                                                                           |                              | (City) (Zip Code)                                                                                              |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
| New Registered Agent's Signature, if ch                                                                   | anging Registered Agent:     | :<br>vith and accept the obligations of the position.                                                          |
| r never weeth the uppointment as registe                                                                  | rea agent. Tum jaminar n     | and accept the obligations of the position.                                                                    |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           |                              |                                                                                                                |
|                                                                                                           | Signature of New Re          | rgistered 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)

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.

| Example: X Change          | <u>PT</u> | John Doc        |                     |
|----------------------------|-----------|-----------------|---------------------|
| X Remove                   | <u>v</u>  | Mike Jones      |                     |
| X Add                      | <u>sv</u> | Sally Smith     |                     |
| Type of Action (Check One) | Title     | <u>Name</u>     | <u>Addres</u> s     |
| 1) Change                  | V         | Ian Dominic Gaz | 290 E Buckham Drive |
| x Add                      |           |                 | Lacanto, FL 34461   |
| Remove                     |           |                 |                     |
| 2) Change                  |           |                 |                     |
| Add                        |           |                 |                     |
| Remove 3) Change           |           |                 |                     |
| Add                        |           |                 |                     |
| Remove                     |           |                 |                     |
| 4) Change                  |           |                 |                     |
| Add                        |           |                 |                     |
| Remove                     |           |                 |                     |
| Change                     |           |                 |                     |
| Add                        |           |                 |                     |
| Remove                     |           |                 |                     |
| 6) Change                  |           |                 |                     |
|                            |           |                 |                     |
| Add                        |           |                 |                     |
| Remove                     |           |                 | ·                   |

| Attach additional sheets, if necessary). | cles, enter change(s) here:  (Be specific)                 |
|------------------------------------------|------------------------------------------------------------|
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| If an amendment provides for an exch     | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame      | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)        |                                                            |
| •                                        |                                                            |
| <b>\</b>                                 |                                                            |
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The date of each amendment(s) adoption: \_\_\_\_\_\_, if other than the date this document was signed. 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. (CHECK ONE) Adoption of Amendment(s) ■ The amendment(s) was/were adopted by the incorporators, 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 (voting group) 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) Michelle Osada (Typed or printed name of person signing) President

(Title of person signing)