P21000058867

(Re	questor's Name)	
(Add	dress)	_
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Remove Mildred Martinez

TO: Amendment Section Division of Corporations

NS, INC		
submitted for filing.		
natter to the following:		
Name of Contact Person	n	
ES, INC		
Firm/ Company		
ISTE 138		
Address	 	
City/ State and Zip Cod	e	
NET		
	notification)	
	594-6999	
Area Co) 594-6999 de & Daytime Telephone Number	
e payable to the Florida Dep	artment of State:	
☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address	
	Amendment Section	
Division of Corporations The Centre of Tallahassee		
	N. Monroe Street, Suite 810	
	Firm/ Company I STE 138 Address City/ State and Zip Code. NET used for future annual report ase call: at (239 Area Code payable to the Florida Dep S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amence Division	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MMJ SOLUTIONS, INC	

		7 1 0 . (0)
· 	ration as currently filed with the <u>l</u>	lorida Dept. of State)
P21000058867		
(Do	ocument Number of Corporation (if I	(nown)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Co	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "L "chartered," "professional association," or the ab	Inc," or "Co". A professional co	corporated" or the abbreviation "Corp"
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
	 	
		
D. If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept th	e obligations of the position.
		e annyamons of the position.
		٠; .
<i>S</i>	ignature of New Registered Agent, i	f changing ω
Ch. de Consultantela		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e). F.S.	9
	·	9 : 10

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 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>	<u>Addres</u> s
1) Change	S	MILDRED MARTINEZ	169 SANTA CLARA DR. APT16
Add			NAPLES, FL 34104
XRemove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessar). (Be specific)		
	<u> </u>		
			
			
			
		 	
 			
			
			
			
an amendment provides for an c	change, reclassification, or	cancellation of issued sha	res.
provisions for implementing the a	nendment if not contained	in the amendment itself:	
(if not applicable, indicate N/A	-	_ .	
<u></u>			
		 -	<u> </u>

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	n(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 2021 F.
"The number of votes cast for the amendment(s) was/were sufficient for approval	-
by``	<u> </u>
(voting group)	2
100-1/10	
Dated 1065 VEL 62	<u>.</u>
Signature 8/10/21	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
JOSE A VELASCO ESCOBAR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	