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<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MENTE CREATI	VAS WORKS INC			
	1BER: P22000082643				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	ACOSTA SANCHEZ. ORLANDO				
	Name of Contact Person				
	MENTE CREATIVAS WORKS INC				
Firm/ Company					
	8645 SADDLEBROOK CIRAPT 3201				
Address					
NAPLES FL 34104					
		City/ State and Zip Cod-	2		
	CGPSSERVICES@AOL.CO	DM .			
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas				
ACOSTA SANCHEZ, ORLANDO		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State;		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee F. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment

	o ncorporation	787	
	ocorporation of		
MENTE CREATIVAS WORKS INC			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	- , -	
P22000082643	,		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendmer	
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	A professional corporation name must con	ation "Corp"	
B. Enter new principal office address, if applicable:	2170 53RD ST SW		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES FL 34116		
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2170 53RD ST SW		
, , , , , , , , , , , , , , , , , , ,	NAPLES FL 34116		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the		
Name of New Registered Agent			
(Florida s	(reet address)		
New Registered Office Address:	, Florida		
	(City) (Zi	ip Code)	
New Registered Agent's Signature, if changing Registered Agen	4.		
l hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position	n.	
, , , , , , , , , , , , , , , , , , ,	_		
Signature of New	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)

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 Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE ADDRESS
THANK YOU
MY NEW ADDRES IS
2170 53RD ST SW
NAPLES FL 34116
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

11/11/2022		
The date of each amendment(s) adoption:	_, if oth	her 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 date will document's effective date on the Department of State's records.	not be l	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 and saction was not required.	sharehol	lder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	7-	207
"The number of votes cast for the amendment(s) was/were sufficient for approval	•	75 77
by ONE HUNDRES		191 401 2810
(voting group)	•	91
11/11/2022		NA 7:
11/11/2022 Dated		
		37
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)		
ACOSTA SANCHEZ, ORLANDO		
(Typed or printed name of person signing)		
OA		
(Title of person signing)		