Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000334775 3)))



wote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| _ | | |
|---|--------|---|
| 1 | \sim | ٠ |
| | | |

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number : (954)842-2936

*Enter the email address for this business entity to be used for future 🖸 annual report mailings. Enter only one email address please.**

| _ | | | _ | | |
|---|----|---|---|----------|--|
| С | ma | 4 | 1 | Address: | |
| _ | ша | 1 | _ | Auuress: | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENTALUP INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF C | PRPORATION: MENTALUP INC |
|------------------|---|
| DOCUMENT | NUMBER: P24000032004 |
| ì | rticles of Amendment and fee are submitted for filing. |
| | · |
| Please return a | t correspondence concerning this matter to the following: |
| | KORSKY, ANNA |
| | Name of Contact Person |
| | MENTALUP INC |
| | Firm/ Company |
| į | 1850 S OCEAN DR UNIT 3307 |
| į | Address |
| | HALLANDALE BEACH, FL 33009 |
| | City/ State and Zip Code |
| | annakorsky i @gmail.com |
| | E-mail address: (to be used for future annual report notification) |
| For further info | mation concerning this matter, please call: |
| KORSKY, AN | A at (786) 590-6449 |
| | Tame of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a ci | eck for the following amount made payable to the Florida Department of State: |
| ■ \$35 Filing | ee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) |
| | Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| MENTALUPINC | | | | | |
|---|---------------------------------|--|--------------------------------------|---------------|--------------|
| (Name | of Corporation as current | y filed with the Florida Dep | t. of State) | | |
| P2400003200 | | | | | |
| | (Document Number o | f Corporation (if known) | | | |
| Pursuant to the provisions of section 607 its Articles of Section 607 | 7.1006, Florida Statutes, this | Florida Profit Corporation a | dopts the followin | g amend | iment(s) to |
| A. If amending name, enter the new o | name of the corporation: | | | | |
| | 1.0 | | | _The n | iew |
| name must be distinguishable and contai "Inc.," or Col," or the designation " "chartered." "professional association, | Corp," "Inc," or "Co". A | ompany," or "incorporaled" professional corporation n | or the abbreviation ame must contain | n the wo | o.," ord |
| B. Enter new principal office address. | if applicable: | 1850 S OCEAN DR UNIT | 3307 | | |
| (Principal office address MUST BE A S | | HALLANDALE BEACH, | FL 33009 | | - |
| | | | | | - |
| C. Enter new anailing address, if appl | licable: | 1000 0 000 | 2200 | | _ |
| (Mailing actress MAY BE A POST | | 1850 S OCEAN DR UNIT 3307 | | | |
| | | HALLANDALE BEACH, | FL 33009 | | _ |
| | | | | | _ |
| D. If amending the registered agent ar | nd/or registered office addr | ess in Florida, enter the nam | ne of the | | |
| new registered agent and/or the new | | | | | |
| Name of New Registered Azent | KORSKY, ANNA | | | | |
| | 1850 S OCEAN DR UNIT | 3307 | | - 187 - 18 | |
| | (Florida stre | et address) | | ···, | |
| New Rigistered Office Address: | HALLANDALE BEACH | | Florida 33009 | . 1 | |
| | (| City) | (Zip C | ode) S | |
| | | | | 77 | |
| | | | | V) | |
| New Registerel Agent's Signature, if cl I hereby accept the appointment as regist | hanging Registered Agent: | ah anad - sasan sha ahiis-siin | -64 | : 09 | |
| Thereby accept the appointment of regist | erea agem. I am jamutar wi | in una accept the ootigations | of the position; | 9 | |
| | Anna Korsky | | | | |
| | Signature of New Res | istered Agent, if changing | | | |
| Check if applies ble The amendment(s) is are being filed pu | urşuant to \$. 607.0120 (13) (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, Tregsurer, 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, Viss Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|----------------------|---------------|---------------------------------------|
| X Remove | $\overline{\lambda}$ | Mike Jones | |
| X Add | <u>5V</u> | Sally Smith | · |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | P | KORSKY, ANNA | 1850 S OCEAN DR UNIT 3307 |
| X Add | | | HALLANDALE BEACH, FL 3300 |
| Remove | | | |
| 2) Chang | P | KORSKY, ELLEN | 1800 S OCEAN DR UNTIL 2602 |
| Add | | | HALLANDALE BEACH, FL 3300 |
| X Remove 3) Change | | | · |
| Add | | | |
| Remore | | | |
| 4) Chang | | | |
| Add | | | |
| Remo e | | | |
| 5) Chang | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| O Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | 10 |
| Remov | | | |

| E. If amending or | r adding additional Ai nal sheets, if necessary) | rticles, enter cha | ngc(s) here: | | | |
|-------------------------|---|---|---------------------------------------|--|--------------|-----|
| (Attach addition | ial sheets, if necessary) | (Be specific) | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | *** | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | · | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | ۱_, |
| | | | | | | |
| | | | | | | |
| | ~ | | | | | |
| 1 | | | | | 1.1 | Û |
| | | | | | | |
| <u>provisions for i</u> | nt provides for an exclude molementing the ame | nange, reclassific endment if not co | ation, or cancel intained in the a | lation of issued sha mendment itself: | ires, | |
| (if not appli | icable, indicate N/A) | | | | | |
| | | | | | | |
| | | | | | | |
| 5 | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | <u></u> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| j | 1 | | |
|----------------------|--|----------|----------------|
| ĺ | | | |
| | | | |
| | ch amendment(s) adoption: | , if | other than t |
| iale mis docu | hent was signed. | | |
| Effective date | if applicable: | | |
| | (no more than 90 days after amendment file date) | | |
| | ate inserted in this block does not meet the applicable statutory filing requirements, this date wi ective date on the Department of State's records. | ll not b | e listed as ti |
| Adoption of A | mendment(s) (CHECK ONE) | | |
| The amend action was | hent(s) was/were adopted by the incorporators, or board of directors without shareholder action and of required. | d sharel | holder |
| | pent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval. | | |
| | rent(s) was/were approved by the shareholders through voting groups. The following statement prately provided for each voting group entitled to vote separately on the amendment(s): | | |
| "The | umber of votes cast for the amendment(s) was/were sufficient for approval | ٠, | |
| by | (voting group) | ·, | |
| | (voting group) | | |
| | | į. | |
| ļ | 10/01/2024 | ೭ನ | |
| | Dated | 7 | |
| | Signature Anna Korsky | ? | <u>C.</u> |
| | (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) | 10 | |
| | KORSKY, ANNA | | |
| | (Typed or printed name of person signing) | | |
| ļ | PRESIDENT | | |
| | (Title of person signing) | | |