## F47334

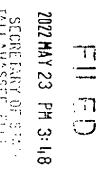
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARTIN FLORIE	A INVESTMENT INC.			
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ROBERT MARTIN				
		Name of Contact Perso	<u></u>		
	MARTIN FLORIDA INVESTMENTS INC				
	Firm/ Company				
	SUITE 212, 4218 LAWREN	CE AVE EAST,			
		Address			
	SCARBOROUGH ON. M1E4X9 CANADA				
		City/ State and Zip Co	de		
	RMARTIN_VANDERCLAY	@BELLNET.CA			
	E-mail address: (to be us	ed for future annual repor	t notification)		
For further informatic	on concerning this matter, piece	se call:			
			A.V. 0000		
ROBERT MARTIN		at (	868-8692 )		
Name	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amen Divisi The C 2415	t Address Idment Section Ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

## Articles of Amendment Articles of Incorporation of

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Articles of Amo	endment 3 7
Articles of Incor	poration (%)
MARTIN FLORIDA INVESTMENTS INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
MARTIN FLORIDA INVESTMENTS INC.	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FT</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	NA
name must be distinguishable and contain the word "corporation," "con" lnc.," or Co.," or the designation "Corp." "Inc," or "Co". A p"chartered." "professional association," or the abbreviation "P A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B()X)	N/A
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida siree.	address)
New Registered Office Address: (C	iyy (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jone <u>s</u>	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	MARIAN MARTIN	1500 N. ATLANTIC AVE. DAYTO
Add X Remove		, C.	
2) X Change	PD	ROBERT MARTIN Sr.	4218 LAWRENCE AVE. E.
Add			STE 212, SCARBOROUGH ON.
Remove 3 ) Change	SD	ROBERT MARTIN Jr.	M1E 4X9 CANADA 4218 LAWRENCE AVE. F.
X Add			STE 212, SCARBOROUGH ON.
Remove			M1E 4X9 CANADA
4) Change	ASO	THOMAS MARTIN Jr.	4218 LAWRENCE AVE. E.
X Add			STE. 212 SCRABOROUGH ON.
Remove			M1E 4X9 CANADA
5) Change		Robert Margin St	4218 Landone AUT 8.
Add			STE 212, Same, Tonarro On
X Remove			4218 LANDONE AUT 8. STE 212, Scare Tonarro On MIE 4K9 CAN.
6) Change			
Add			-
Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)			
N /.				
Y (A				
		·		
			<del></del>	
			<del></del>	
an amendment provides for an exc	hange, reclassification, or o	cancellation of issued s	<del>hares,</del>	
rovisions for implementing the amo (if not applicable, indicate N/A)	enament it not contained it	the amendment used	<u>.</u>	
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K) / ^				
( -				
		<u></u>		

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The date of each amendment(s	adoption:	if other than th
date this document was signed.		
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requireme. Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the are sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendme	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
MAY 1 Dated	3, 2022	
Signature	Eur mo	***************************************
sele	a director, president or other officer — if directors or officers have eted, by an incorporator — if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
	ROBERT MARTIN	
	(Typed or printed name of person signing)	
	SECRETARY/ DIRECTOR	
	(Title of person signing)	