## N220000 10385

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## **COVER LETTER**

TO: Amendment Section

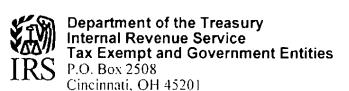
Division of Corporations NAME OF CORPORATION: Mand M MISSIUM INC (N22000010385) DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Rau
Name of Contact Person M and M Mission Inc 6318 Kevesta Avenue Palmetto, FL 34721
City/ State and Zip Code Mandamnissionince amail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Rau at 737 486-7113

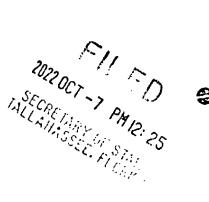
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





M&M MISSION INC C/O MICHAEL RAU

Articles of Amendment Articles of Incorporation

PALMETTO, FL 34221 No. 21 A decided in the control of the control	mmission inc	Chip.	
(Name of Corpor	ation as currently filed o	with the Florida Dept. of State)	
(Do	cument Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006. Flowers	rida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amending	ent(s)
A. If amending name, enter the new name of the	corporation:		
M&M Mission I	.wc,	The new y," or "incorporated" or the abbreviation "Corp.,	4'
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "h chartered," "professional association," or the ab	ic," or "Co". A profes	y," or "incorporated" or the abbreviation "Corp., ssional corporation name must contain the wor	 d
Enter new principal office address, if applica	ble:	NIA	
Principal office address <u>MUST BE A STREET A</u>			
Enter new mailing address, if applicable:		NI / C	
(Mailing address MAY BE A POST OFFICE)	<u></u>	NIA	
. If amending the registered agent and/or regis	stared affice address in 1	Flarids, enter the name of the	
new registered agent and/or the new register		riorida, eater the name of the	
Name of New Registered Agent	NIA		
Name of New Regelered Agent	194.1		
	(Florida street addre	ess)	
Vana Bandatana de Ottora de Librario		, Florida	
New Registered Office Address:	City)	(Zip Code)	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		l accept the obligations of the position.	
mercing accept the appointment as regimered agen		a a company of the position	
		<del></del>	
Si	ignature of New Registere	Pd Agent, if changing	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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	y Mil	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change			
Add		1, 1	
Remove		N/A	
2) Change		7 . 7	
Add		,	
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			<u>,                                     </u>
Remove			
			\

nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)	
<u> </u>	
,	
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<u> </u>	
•	
· .	
amendment provides for an exchange, reclassification, or cancellation	on of issued shares,
visions for implementing the amendment if not contained in the ame (if not applicable, indicate N/A)	nument usen:
$\langle \langle \rangle \rangle / \langle \rangle$	`.,
	ν,

	each amendment(s) add	option:	10/3/20	<i>}</i> }	, if other than th
	<del>-</del>				
Effective dat	e <u>if applicable</u> :	(no more	than 90 days after ame	ndment file date)	
	date inserted in this blo ffective date on the Dep			ling requirements, this di	ate will not be listed as th
Adoption of	Amendment(s)	(CHECK ONE	<u>E</u> )		
	dment(s) was/were adop s not required.	ited by the incorporate	ors, or board of director	s without shareholder acti	ion and shareholder
	dment(s) was/were adop archolders was/were suf		ers. The number of vote	es cast for the amendment	(s)
	dment(s) was/were appr eparately provided for e			aps. The following statem on the amendment(s):	eent
"Th	e number of votes cast f	or the amendment(s) v	was/were sufficient for	approval	
by .	M and M	MISSIGN INC (voting group)	Board Mem	bers	
	Dated(	0 13/302.3	That Ran	_	
	(By a dir selected.		if in the hands of a rece	or officers have not been eiver, trustee, or other cou	
	-	Mi ( (Typed or p	Chael Rau printed name of person :	signing)	