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COVER LETTER

TO: Amendment Section Division of Corporations

M & M Mission, Inc. NAME OF CORPORATION:	<u></u>		
N22000010385 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Michael Rau			
(Name of Contact Pe	rson)	
M & M Mission, Inc			
	(Firm/ Company)	
6318 Kevesta Avenue			
	(Address)		
Palmetto, Florida 34221			
(1	City/ State and Zip C	Code)	1
mandmmissioninc@gmail.com			
E-mail address: (to be used l	or future annual rep	ort notification)
For further information concerning this matter, please of	all:		
Michael Rau	at	321	4123625
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & E Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Am	eet Address endment Secti ision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

M&M Mission, Inc		
(Name of Corporation as currently filed with the I	Florida Dept. of State)	
N22000010385		
(Docume	nt Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fl</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	OX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	wistered Agent:	
I hereby accept the appointment as registered agent.		t the obligations of the position.
	Signature of New Regis	tered Agent, if changing

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 X Remove X Add	<u>PT</u> V SV	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
Change X Add	<u>s</u>	_	Peter Rampton	1304 29th Avenue, West Palmetto, FL 34221
Remove				
2) Change Add	<u>S</u>	_	Robbyn Taylor	5215 Taylor Mill Road Taylor Mill, KY 42015
x Remove 3) Change Add Remove		-		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_	· · · · · · · · · · · · · · · · · · ·	
Remove				
E. <u>If amending or addin</u> (attach additional shee			cles, enter change(s) here: (Be specific)	

Note: If the date inserted in this block does not meet the applicable statutory filing re-	
Effective date if applicable: (no more than 90 days after amendment file	
The date of each amendment(s) adoption:	, if other than the
	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	c
Dated 10/30/2024 All Rau	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Michael Rau	
(Typed or printed name of person signing)	-
President	

(Title of person signing)