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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

	MSPDC, inc		
NAME OF CORPOR DOCUMENT NUMB	P01000082874		
	of Amendment and fee are sub	omitted for filing.	
	pondence concerning this mat		
	Marilyn Dufour		
		Name of Contact Person	
	MSPDC. Inc		
		Firm/ Company	
	350 NW 189th Street		
		Address	
	Miami Gardens, FL 33169		
		City/ State and Zip Code	
maril	ynsp14@hotmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se cali:	
Marilyn Dufour		305 at (	761-3084
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MSPDC, Inc	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P01000082874	
(Documen	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	pration:
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	N/A ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 AUG - 2 AM SEUKLIKKY OF FALLAHASSFE, F
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	office address in Florida, enter the name of the
Name of New Registered Agent N/A	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(Ciny) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	ered Agent: im familiar with and accept the obligations of the position.
Signal	re of New Registered 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	Carmin Dufour	350 NW 189th Street
X Add		_	Miami Gardens, FL 33169
Remove			
2) Change			
Add			
Remove			——————————————————————————————————————
3 ) Change			<u> 8 n</u>
Add			
Remove			
4) Change			Diale Dorina
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
D			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)			
/A				
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and the state of t	change, reclassification, or cancellation of issued shares.	-m -co	AM 11: 47	Ċ
nrovisions for implementing the an	nendment if not contained in the amendment itself:	NO XO	<u>:</u>	-
(if not applicable, indicate N/A)		STAIL FLORIDA	7	
I/A		•		
				_
				_
				_
		<del></del>		—
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The date of each amendment(s) adoption:	, if other	than the
date this document was signed.		
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.	ll not be liste	ed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	₹s →	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	9 AUG	
7/25/2019 Dated	-2 <b>Å</b> AKY 01 ASSEC.	
Signature / certification	AN II: 4 OF STATE	D
(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)	KIT NOA	
Marilyn Dufour		
(Typed or printed name of person signing)		_
President		_
(Title of person signing)		