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SECRETARY OF STATE SECRETARY OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: M & M AU	TO ASSOCIATES, INC	D
DOCUMENT NUM	iber: <u>P0200074</u>	243	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all corr	respondence concerning thi	is matter to the following:	
		JEL M MENDOZA	
	(Name	of Contact Person)	
		INTING & OTHER SERVICES,	INC
	(Fil	rm/ Company)	
	1139 TI	MBERBEND CIRCLE	
		(Address)	
		DO, FLORIDA, 32824	
		tate and Zip Code)	
For further informati	on concerning this matter,	please call:	
MIGUEL M MENDOZ		at (<u>407</u>) <u>538-74</u>	
(Name o	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount n	nade payable to the Florida D	epartment of State:
∑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation 09 JAN -5 AMII: 50 of

M & M AUTO ASS (Name of Corporation as currently file)		of State) +
(Name of Corporation as currently in	ed with the Fiorida Dept.	or State)
P0200007		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flori following amendment(s) to its Articles of Incorporation		Profit Corporation adopts the
A. If amending name, enter the new name of the con	rporation:	
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designat	tion "Corp." "Inc," or
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<i></i>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regination hereby accept the appointment as registered agent. Proposition.		accept the obligations of the
Signature	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)

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRESID	MARIA M. SARMIENTO	12613 LYSTERFIELD CT ORLANDO, FL. 32837	
VICEPS	MARIA M. SARMIENTO	12613 LYSTERFIELD CT ORLANDO, FL. 32837	Add Remove
			Add Remove
(allach ac	dditional sheets, if necessary). (Be spe	ecific)	
	nendment provides for an exchange, r		
	ons for implementing the amendment of applicable, indicate N/A)	if not contained in the amendme	<u>nt itself:</u>

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)

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRESI	MARIA L. ALTAMAR	12613 LYSTERFIELD CT	🗖 Add
		ORLANDO, FL. 32837	☑ Remove
VICERS	MARIA L. ALTAMAR	12613 LYSTERFIELD CT ORLANDO, FL, 32837	Add ☐ Add

(attach ad	dditional sheets, if necessary). (Be	specific)	
F. Ifan ar	nendment provides for an exchang	e, reclassification, or cancellation of	fissued shares,
provisio	ons for implementing the amendme	ent if not contained in the amendme	nt itself:
(if n	not applicable, indicate N/A)		
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ado	pption: 12/28/2008
Effective date if applicable:	
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.
	roved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	g group)
(voting	g group)
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholde
action was not required.	toted by the incorporators without shareholder action and shareholder
Signature	etor, president or other officer – if directors or officers have not been
selected, b	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Maria L. Altamar
	(Typed or printed name of person signing)
	(Title of person signing)