P02000074243

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(Requestor's Name)			
. (Address)		
(Address)		
(City/State/Zip/P	hone #)	
PICK-UP	☐ WAIT	. 🗆	MAIL
(Business Entity	Name)	. ,
(Document Num	ber)	<u>.</u>
Certified Copies	Certific	cates of Statu	s
Special Instructions	to Filing Officer		

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TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	M&M Auto Associates, Ir	nc
DOCUMENT NU	P02000074243		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
		Maria M Sarmiento	
	N	ame of Contact Person	
_	M&M	Auto Associates, Inc	
		Firm/ Company	
	9765 S.O.B.T Unit 44		
-	Address		
		Orlando,FL 32837	
•		ity/ State and Zip Code	
	rapidsen E-mail address: (to be use	vice@bellsouth.net d for future annual report notification)	<u></u>
For further informa	ation concerning this matter,	please call:	
Ма	ria M Sarmiento	at (407)34	2-8475
Name	of Contact Person	Area Code & Daytime Tele	
Enclosed is a check	k for the following amount n	nade payable to the Florida Departi	ment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



October 1, 2009

Maria M. Sarmiento M&M Auto Associates, Inc. 9765 S.O.B.T. Unit 44 Orlando, FL 32837

SUBJECT: M & M AUTO ASSOCIATES. INC

Ref. Number: P02000074243

We have received your document for M & M AUTO ASSOCIATES. INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page (page 3) of the amendment form is missing. I have included a blank page 3 which you may fill out and return to us along with the rest of your amendment. Please include the date of each amendments adoption, check one of the boxes under adoption of amendment and have the document signed by a director, officer or incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 009A00031931

Articles of Amendment to Articles of Incorporation of

FILED

M&M A	uto Associate	es, Inc	2009 ec t 20	AM 8: 49
(Name of Corporation as c	urrently filed with	n the Florida Der	4 -F C4-4-1	
P	02000074243	3	SECRETARY TALLAHASSE	EVELORIDA
(Document l	Number of Corpora	ation (if known)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		utes, this <i>Florida</i>	Profit Corporation add	pts the followin
A. If amending name, enter the new nam	e of the corporati	ion:		
	N/A			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," '	the designation "	Corp," "Inc," or	"Co". A professional o	eorporation
B. Enter new principal office address, if		<u>N/A</u>		_
(Principal office address <u>MUST BE A STE</u>	REET ADDRESS)) <u>N/A</u>		
		<u>N/A</u>		_
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		<u>N/A</u>		_
				_ _
D. If amending the registered agent and/ new registered agent and/or the new i			rida, enter the name of	<u>the</u>
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:		orida street addres	ss)	
	N/A		, Florida N/A	
	(City	v)	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ed agent. I am fai	miliar with and ac		ne position.
•	Signature of Ne	w Registered Age	nt, 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>		Name	Address	Type of Action
<u>VP</u>	£.	Maria Altamar	9765 S.O.B.T Unit 44 Orlando, FL 32837	. ☑ Add ☐ Remove
		·		Add Remove
				Add Remove
N/A	addil	ional sheets, if necessary). (Be specif	ic)	
provis	sions	ndment provides for an exchange, recl for implementing the amendment if r applicable, indicate N/A)		
<i>t</i>				

The date of each amendment(s) ad	option: - 09-25-09
	(date of adoption is required)
Effective date <u>if applicable</u> :	1 00 1 0 1 1 1
(no i	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s ficient for approval.
	roved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	.,,
(voti	g group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 09	-25-09
Signature	usto
	ctor, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Preside X
	(Title of person signing)