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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : TAXPLACE CORP.
Account Number : 120050000203
Phone : (772)460-1000
Fax Number : (772)460-7973

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

MM MARTINS REPAIR SERVICES, CORP.

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Corporate Filing Menu

9/29/2006

TAXPLACE CORP

(((H06000240606 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MM MART	INS REPAIR SERVIC	ES, CORP.	
DOCUMENT NUM	BER: P05000090492			
The enclosed Articles	of Amendment and fee are	submitted for filing.		
Please return all corre	spandence concerning this	matter to the following:		
	CLAU	DIO RIBEIRO	<u> </u>	
	(Name of	f Contact Person)		
	TAXF	LACE CORP		
	(Firm	n/ Company)		
	2721 S.	US I SUITE#2		
		Address)	<del></del>	
		erce, FL 34982 ate and Zip Code)	·	
For further information	on concerning this matter, p	- -		
	UDIO RIBEIRO		-1000	
(Name of	Contact Person)	(Area Code & Daytim	e Telebuoue Mumper)	
Enclosed is a check for	or the following amount:			
\$35 Filing Fee	S43.75 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 Address Amendment Section Division of-Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL- 32301		

TAXPLACE CORP (((H06000240606 3)))

Articles of Amendment Articles of Incorporation

## MM MARTINS REPAIR SERVICES, CORP.

	MM MARTINS REPAIR SERVICES, CORP.	1 9
	(Name of corporation as currently filed with the Florida Dept. of State)	ECRE
	P05000090492	77
	(Document number of corporation (if known)	
	rovisions of section 607.1006, Florida Statutes, this Florida Profiting amendment(s) to its Articles of Incorporation:	Corporation
NEW CORPOR	ATE NAME (if changing):	
Must contain the wo	ord "corporation," "company", "or incorporated" or the abbreviation "Corp.," "In oration must contain the word "chartered", "professional association," or the abi	ec.," or "Co.") previation "P.A
ind/or Article Tit	ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article(s) being amended, added or deleted: (BE SPECIFIC)  HE NEW OFFICERS AND DIRECTORS OF THE CORPORATION A	
Name:Maria Socon	ro Fonseca	
	raska Ave Apt 15A, Fort Pierce, Fl 34950	
Title: President-Dir		
SHARES: 100%		
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<u></u>		· · · · · · · · · · · · · · · · · · ·
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)		<del></del>
	(Attach additional pages if necessary)	
It an amendment for implementing	provides for exchange, reclassification, or cancellation of issued shat the amendment if not contained in the amendment itself: (if not applicate	res, provision ble, indicate N//

(continued)

(((H06000240606 3)))

The date of each amendment(s) adoption: 09/28/2006
Effective date if applicable: 09/28/2006 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (B) a director, president or other officer - if directors or officers have not been rejected, by an incorporator - if in the hands of a receiver, trustee, or other court repointed fiduciary by that fiduciary)
Joao Martins
(Typed or printed name of person signing)
President/Director
(Title of person signing)

FILING FEE: \$35