P070000 86714

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SECULIARIES SHIPS



Word of

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MUNICIPAL CO	MMERCE INC.	
DOCUMENT NUMBER	P07000086714		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
·	Nanca	Y Cassali Name of Contact Person	<u>a</u>
	MUNIC	ipa Company	name Lnc.
	P.O.B	× 88098	36
_	Port Sain	Address Address City/ State and Zip Code	L 34988
_mu	Phicipales E-mail address: (to be us	mmarce (a) ed for future annual report	yahoo com
For further information co	ncerning this matter, pleas	e call:	
Nancaylas	salia	at (954	257-0392
	ontact Person		de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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

ATRICE ALE

Articles of Amendment to Articles of Incorporation of

16 SEP 16 PH 1:55

	SECPERATE OF STATE
(Name of Corporation as currentl	y filed with the Florida Dept. of State) E. 中心社
07000086714	
(Document Number of	f Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendn
. If amending name, enter the new name of the corporation:	
	<i>T</i> 7
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	6023 NW RELIEF CT
Principal office address MUST BE A STREET ADDRESS	PT ST LUCIE, FL 34983
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 	
	1//1
Name of New Registered Agent	V///
	/
(D)	
(Florida str	eet address)
New Registered Office Address:	eet address), Florida(City) (Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	TRES		SPITZNAGEL, ROBERT	6023 NW RELIEF COURT
Add				PORT SAINT LUCIE, FL 34983
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add		•		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
<u>.</u>		
	1//	
	NIH	
	,	
,		
<u>provi</u> s	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)	
		•
	N/A-	
	•	

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 not be listed as the document's effective date on the Department of State's records.
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""
(voling 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.
Dated
Signature & Cassalia
(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)
NANCEY CASSALIA
(Typed or printed name of person signing)
P
(Title of person signing)