

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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TO: Amendment Section

Division of Corporations M& M INTERIOR IMPROVENENT, CORP. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

FILED

e e e e	Articles of Incorporation	7 DEC 19 AH 10: 10
MAN INTERIOR	IMPROVEMENT, CORP.	ESPENSION OF LAND
(Name of Corporat	ion as currently filed with the Florid	a Dept. of State)
P07	000117375	
(Document)	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the c	.///	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ed "corporation," "company," or "i o," "Inc," or "Co". A professional of abbreviation "P 4"	orporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS A STREET ADDRESS ADDRE	ORESS) 357 HAC	елн Dn. Sune#304 FL 33010
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BC</u>		EAN DR. SUME#304 L 33010
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		ne name of the
New Registered Office Address:	(Florida street address)	, Florida
New Negisterea Office Address.	(City)	Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		zations of the position.
	NA ature of New Registered Agent, if char	
Sigr	ature of New Registered Agent, if char	ging

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: XChange	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones	.714		
X Add	<u>sv</u>	Sally Smith	NA		
Type of Action (Check One)	Title	<u>Name</u>	,	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		· ·			
Add					_
Remove					
3) Change					
Add					_
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					_
Remove					
6) Change					_
Add					
Remove					

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	DIA		
		- 	,	
				
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	-			
				
				
				
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific: endment if not cou	ntion, or cancellation ntained in the amend	n of issued shares, Iment itself:	
				
,				
				
				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
neer of the first terms of the first	
tho more than 90 days after amenda	ient file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by(voting group)	<u> </u>
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 12/12/17	
Signature / MW	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
DAVID MARGINER	
(Typed or printed name of person signi	ng)
Priesident	
(Title of person signing)	