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TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	M & M SUPPLY, INC.	·
DOCUMENT NU	MBER:	P08000092650	
The enclosed Artic	eles of Amendment and fee ar	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		ERT W. KIDD, CPA	
	Na	ame of Contact Person	
	SEABREEZE BOO	KKEEPING & TAX SERVICE,	LLC
		Firm/ Company	
	441 S RIDGEWOOD AVE		
	Address		
		DNA BEACH, FL 32114 ty/ State and Zip Code	
	Cr	ty/ State and Zip Code	
		E682@CFL.RR.COM	
	E-mail address: (to be used	I for future annual report notification)	
For further informa	ntion concerning this matter, p	please call:	
ROB	ERT W. KIDD,C[A	at (386) 67	72-6999
	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount m	ade payable to the Florida Depart	ment 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)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e
`.	/	Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

M&M SUPPLY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

00092650		**************************************
<u> </u>		, 600 P
er of Corporation (if kno	wn)	٠,
Florida Statutes, this Fi	orida Profit Corporation	n adopts the fo
ne corporation:		
		The nev
esignation "Corp." "Inc	." or "Co". A profession	orated" or the onal corporation
able: ADDRESS)		
E BOX)		
		
		
	Florida, enter the nam	e of the
red office address:		
(Florida street a	ddress)	
	, Florida_	
(City)	(Zip Code)	
Registered Agent: nt. I am familiar with a	nd accept the obligations	of the position.
	Florida Statutes, this Florida Statutes, "Incomposition "Corp," "Incomposition association," or stable: ADDRESS) State and a statutes, this Florida State and Incomposition and Incompositi	Florida Statutes, this Florida Profit Corporation the corporation: The word "corporation," "company," or "incorporation "Corp." "Inc." or "Co". A professional association," or the abbreviation "P.A." Table: ADDRESS Tistered office address in Florida, enter the name ared office address: (Florida street 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	TRAVIS MCLAIN	515 VIRGINIA AVE SUITE B PORT ORANGE, FL 32127	_ ☑ Add □ Remove
<u></u>			
	dditional sheets, if necessary). (Be		
<u>provisi</u>		ze, reclassification, or cancellation of i ent if not contained in the amendmen	

The date of each amendment(s) adoption: $11/2/2010$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
. Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 11/02	/10
Signature	Bron Me
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	BRIAN F. MCGOVERN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)