P1000092447

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
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Special Instructions to I	Filing Officer.	
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4 SEP -5 AM 1:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MP PROJECTS &	DEVELOPMENTS, INC	
DOCUMENT NUMBER			
The enclosed Articles of A		bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
PA	TRICIA L. VELEZ		
		Name of Contact Person	
MP	MP PROJECTS & DEVELOPMENTS, INC		
		Firm/ Company	
101	l Butler Creek Ct.		
		Address	
Ovi	edo, FL 32765		
		City/ State and Zip Code	
mpr	od2010@hotmail.com		
	~	sed for future annual report i	notification)
For further information cor	ncerning this matter, pleas	se call:	267-4032
Name of Contact Person			e & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depar	rtment of State:
S35 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		Street A	
	ent Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MP PROJECTS & DEVELOPMENTS, INC

(Name of Corporation as cur	rrently filed with the Florid	a Dept. of State)
P10000092447		
(Document Num	nber of Corporation (if knowr	1)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
N/A		The new
name must be distinguishable and contain the word "corporatio" Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "	o". A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 SEP -5 SECRET LANY SECRET LANY
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		he name of the
Name of New Registered Agent N/A		
(Flori	ida street address)	
	iai sir (ci tatar ess)	
New Registered Office Address:	(City)	, Florida <u>(Zip Code)</u>
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obti	gations of the position.
Signature of N	New Registered Agent, if char	ging
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (c), F.S.	

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 Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		PATRICIA N. SERRANO	4884 Tangerine Av.
X Add				Winter Park, FL 32792
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

<u>If amend</u> (Attach <i>ad</i>	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/A		
-		
provisio	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame e sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	<u></u>	
•	(voting group)	
sele	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or opinted fiduciary by that fiduciary)	
	PATRICIA L. VELEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MP PROJECTS &	DEVELOPMENTS, INC	
	BER: P10000092447		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	PATRICIA L. VELEZ		
		Name of Contact Person	
	MP PROJECTS & DEVELO	PMENTS, INC	
		Firm/ Company	
	1011 Butler Creek Ct.		
		Address	
	Oviedo, FL 32765		
		City/ State and Zip Code	
	mppd2010@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
PATRICIA L. VELE	Z	at (267-4032
Name of Contact Person			le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303