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O MCHAIR

COVER LETTER

		COVER LETTER		
TO: Amendment Sect Division of Corpo	16 M. 19.10			
NAME OF CORPOR	RATION: MDG GENERAL	SERVICES INC		
DOCUMENT NUMI	D11000064413			a light
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		6 %
Please return all corres	spondence concerning this ma	tter to the following:		
	MARIO DURAN			
		Name of Contact Person	1	
	242 CHALMER DR			
		Address		
	NORTH FORT MYERS, FL			
		City/ State and Zip Code		
Dmar	io23@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MARIO DURAN		at (265 0451	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MDG GENERAL SERVICES INC

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Trendy fred with the Fiorida Dept. of State)
P11000054413	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
N/A	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of I	New Registered Agent, if changing

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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	PT	JAIME M DURAN GOMEZ	242 CHALMER DR		
Add			NORTH FORT MYERS		
X Remove			FL, 33917		
2) X Change	PT	MARIO DURAN	242 CHALMER DR		
Add	yl-le-syr-ag-syraes lama sambe		NORTH FORT MYERS		
Remove			FL. 331917		
3) Change	D	JUAN MARTINEZ	19392 ORCHIDTREE CT		
X Add			LEHIGH ACRES		
Remove			FL, 33936		
4) Change	S	WAYNE DENNIS	2271 FRANKLIN ST		
X Add			FORT MYERS		
Remove			FL, 33901		
5) Change					
Add					
Remove					
6) Change	 				
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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1140-1141-1141-1141-1141-1141-1141-1141	
L L L L L L L L L L L L L L L L L L L	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9	

The date of each amendment(s date this document was signed.) adoption:	, if other than the
0	6/27/2016	
Effective date <u>if applicable</u> : <u> </u>	(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, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ot(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
action was not required. 06/27/20 Dated Signature	Mui D. amb	
(By selec	a director, president or other officer – if directors or officers have not bee eted, by an incorporator – if in the hands of a receiver, trustee, or other co binted fiduciary by that fiduciary)	
	JAIME M DURAN GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	