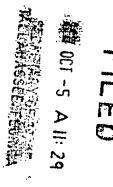
## 712000655/5

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	Office Use Only	



500304083685

10/05/17--01021--005 \*\*35.00



OCT 0 9 2017



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MM & VS eNTER	LPRISE,INC			
DOCUMENT NUMB	ER: P12000065515	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	of Amendment and fee are su	ibmitted for fili	ng.		
Please return all corresp	condence concerning this ma	tter to the follo	wing:		
	MAN	UEL A MOR	ALES		
-		Name of C	ontact Persor	1	
	MM&VS	ENTERPRI <b>SE</b>	,INC		
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm/ (	Company		
	1801 SW 8	32 CT			
-		Ad	dress		
	MIAMI,FI	A,33155			
-		City/ State	and Zip Code	e	
	MVMORALES4890@HC	TMAIL.COM			
<del></del>	E-mail address: (to be us			notification)	
For further information  MANUEL A MORAL	concerning this matter, please	se call:	,305	9890617	
Name of Contact Person		at		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendment Section			Amendment Section		
Division of Corporations		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

FILED

MM&VS ENTERPRISE,INC	
(Name of Corporati	ion as currently filed with the Florida Dept. of State A 11: 29
P12000065515	THE REST OF THE PARTY OF THE PA
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the co	orporation:
	The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp vord "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u> I	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registerea Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	gistered Agent:  I am familiar with and accept the obligations of the position.
Sign	nature of 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	KENIEL RODRIGUEZ DIAZ	1801 SW 82 CT
X Add			MIAMI,FLA.33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			***
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A Attach additional sheets, if necessar	Articles, enter change(s) here:  v) (Be specific)
muon uuummui saeeta, ty neeessaa.	yy. (De specific)
· · · · · · · · · · · · · · · · · · ·	
-	
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	amendment if not contained in the amendment itself:
(y not approunte, mateure 1771)	,
	Transit of the control of the contro

	09/29/2017	•
The date of each amendment(s) adopt date this document was signed.		_, if other than the
09/29/20	017	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	I by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
09/29/2017		
Dated		
s: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CAA -	
Signature (By a direct	tor, president or other officer – if directors or officers have not been	
selected, by	y an incorporator - if in the hands of a receiver, trustee, or other court	
appointed t	fiduciary by that fiduciary)	
	MANUEL A MORALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	