

7/6/2021

P13000086504

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000260699 3)))



H210002606993A9C2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6388

From: Account Name : CRISTINA MORENO P.A.
Account Number : 120210000071
Phone : (954)232-3452
Fax Number : (954)232-3452

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lcanterberry@mwbm.com

FILED
2021 JUL 6 AM 9:48
SECRETARY OF STATE
TALLAHASSEE

COR AMND/RESTATE/CORRECT OR O/D RESIGN
IMCMV HOLDINGS INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

850-245-6050

850-245-6939

X.S

July 7th

AUDIT FAX NUMBER:
H21000260699 3

Articles of Amendment
to
Articles of Incorporation
of
MCMV HOLDINGS INC.

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

P13000086504

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

AUDIT FAX NUMBER:
H21000260699 3

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, SY as an Add

Example:

☒ Change PT John Doe
☐ Remove Y Mike Jones
☒ Add SY Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D/P/S

Maristela Aparecida do Nascimento

4901 Vineland Road

Suite 600

Orlando, FL 32811

☐ Add

☒ Remove

2) ☒ Change

VP/S/T

David Crabtree

4901 Vineland Road

Suite 600

Orlando, FL 32811

☐ Add

3) ☐ Remove
☐ Change

P/D

Alexandre de Jesus Santoro

4901 Vineland Road

Suite 600

☒ Add

☐ Remove

Orlando, FL 32811

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

2021 JUL 6 AM 9:18
SECRETARY OF STATE
TALLAHASSEE

FILED

AUDIT FAX NUMBER:
H21000250699 3

8. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

R. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

AUDIT FAX NUMBER
H21000260699 3

AUDIT FAX NUMBER:
H21000260699 3

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 this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)

Dated 07/06/2021

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID CRABTREE

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

AUDIT FAX NUMBER:
H21000260699 3