P14000043740

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Amend (a) 4/2/14

COVER LETTER

TO: Amendment Section -Division of Corporations NAME OF CORPORATION: VENE M&M SERVICES CORP DOCUMENT NUMBER: P14000043746 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAIRA MORENO Name of Contact Person VENE M&M SERVICES CORP Firm/ Company 419 WEST 49 ST SUITE 219-9 Address HIALEAH FLORIDA 33012 City/ State and Zip Code FERNANDEZSERVICESCOMP@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{305}{\text{Area Code & Daytime Telephone Number}}$ MAIRA MORENO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



VENE M&M SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept, of State) P14000043746

ment(s) to

(Docume)	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment
A. If amending name, enter the new na N/A	ame of the corporation:		<i>a</i>
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered." "professional associa	nation *Corp.** *Inc.* or	"Co" A professional corpe	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new	w registered office addre	ss:	ame of the
Name of New Registered Agent	MAIRA MOREI		
	419 WEST 49	ST SUITE 219-9	_
		weet address)	00040
New Registered Office Address:	HIALEAH	, Floric	ta_33012
	(Cir	יי	(Zip Code;
New Registered Agent's Signature, if c I hereby accept the appointment as regist Signature.	hanging Registered Agen vered agent I am familian Marie of New Registered	with and accept the obligation	ons of the position. —
	/ /		

If amending the Officer's 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

X. Change	<u>PT</u>	<u>John Doe</u>			
X Remove	\underline{V}	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	RAUL CANELA	419 WEST 49 ST SUITE 2		
			HIALEAH FLORIDA 33012		
Remove					
2) Change	Р	MAIRA MORENO	419 WEST 49 ST SUITE 2		
Add			HIALEAH FLORIDA 33012		
Remove					
3) Change					
Add					
Remove					
4) Lange Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<u> </u>			
Add					
Remove					

E. <u>If an</u> (Allac	<mark>iending or adding a</mark> ch <i>additional sheets</i> ,	dditional Articl	es, enter chan (Be specific)	ge(s) here:		
N/A			7			
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-,. <u></u>				~_ 		
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pro	amendment provid visions for impleme	nting the amend	nge, reclassific Iment if not co	ation, or cance intained in the :	<u>llation of issued s</u> ime <u>ndment itself:</u>	hares,
	(if not applicable, it	idicate N/A)				
N/A						
						<u> </u>
						

date this document was signed	· · · · · · · · · · · · · · · · · · ·	_, if other than the
Effective date <u>if applicable</u> :	05/19/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_05/1	9/2014	
Signature	y a director, president of other officer – if directors or officers have not been	_
se	lected, by an incorporator — if it the hands of a receiver, trustee, or other court oppointed fiduciary by that tiduciary)	
	MAIRA MORENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	