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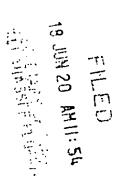
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Award

COVER LETTER

TO: Amendment Section Division of Corporations

2.0

NAME OF CORPO	RATION: MCD INTERIOR	SERVICES INC			
DOCUMENT NUM	BER: P14000057380				
The enclosed Articles	v of Amendment and fee are st	ibmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	MARCO A CABESAS PAT	INO			
		Name of Contact Perso	n .		
	MDC INTERIOR SERVICE	S INC			
		Firm/ Company			
	3848 COCOPLUM CIRCLE	• •			
	Address				
	COCONUT CREEK FL 330	63			
		City/ State and Zip Cod	e		
	on concerning this matter, pleas				
MARCO A CABESAS PATINO		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle					
	· • • •	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

of

MCD	INTER	IOR	SERVIO	713	INC

1000

(Name of Corporation as curren	itly filed with the Florida Dept. of State)		
P14000057380			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	llowing amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	
name must be distinguishable and contain the word "corporat. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name		
B. Enter new principal office address, if applicable:	3848 COCOPLUM CIRCLE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	COCONUT CREEK FL 33063		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3848 COCOPLUM CIRCLE	JUN 2	-T]
	COCONUT CREEK FL 33063	7 O	TI.
		3	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		J.	1
Name of New Registered Agent			
(Florida)	street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent.—I am familia		ition.	
Signature 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jon	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		<u> </u>
Add				
Remove				
6) Change		_		-
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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<u> </u>				
		. ,=		
				·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	, or cancellation of ed in the amendme	issued shares, nt itself:	
				
, i				
			<u></u> _	

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)	
(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, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	Iement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	г
06/18/2018 Dated	
Signature Manco D. Cabesas Patrino	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
MARCO A. CABESAS PATINO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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