## P1400090495

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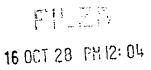
R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: M & M PROPER	TY INVESTMENT GROUP	P INC.		
DOCUMENT NUMB		P14000090495			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		MICHAEL G. MCINTYR	E		
-		Name of Contact Person	1		
	M & M PROPERTY INVESTMENT GROUP INC.				
-		Firm/ Company	<del></del>		
		6225 ANCHOR LANE			
Address					
	ROCKLEDGE, FL 32955				
_		City/ State and Zip Code	2		
		3 h	. 0 1		
<u></u>	E-mail address: (to be us	<u>ve co as+ read e/</u> sed for future annual report	rs @ yahoo. co.m		
For further information	concerning this matter, please	se call:			
MICHAE	L G. MCINTYRE	at (	528-8718		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 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 Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Building		
	hassee, FL 32314	2661 E	xecutive Center Circle		

## Articles of Amendment to Articles of Incorporation



M & M PROPERTY INVESTMENT GROUP INC

Pl	rrently filed with the Florida Dept. of State)		
(Document Num	400090495		
	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new name of the corporatio	on:		
	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:	6225 ANCHOR LANE		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	ROCKLEDGE, FL 32955		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6225 ANCHOR LANE		
	ROCKLEDGE, FL 32955		
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</li> </ol>	e address in Florida, enter the name of the ldress:		
	L MCINTYRE		
	NCHOR LANE		
<del></del>	rida street address)		
	ROCKLEDGE 32955		
New Registered Office Address:	(City) , Florida		

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>w</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MATTHEW AUSTIN	7359 ROCKY LANE
Add			MACCLENNY, FL 32063
XX Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ling or adding additional Art dditional sheets, if necessary).	(Be specific)	man party are sent to 1			
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	731145555414					
If an am	endment provides for an excl	nange, reclassific	ation, or cancel	lation of issued sl	nares,	
<u>provisi</u>	ons for implementing the ame not applicable, indicate N/A)	ndment if not co	ntained in the a	mendment itself:		
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- · · ·						
			·			
<del>-</del>						
		<del></del>				

	10/28/2016	
The date of each amendment(s date this document was signed.	s) adoption:	_, if other than the
Effective date if applicable:		
	(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 date will repeartment of State's records.	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(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<del></del>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	10/28/2016	
Signature	MACCO	
(By	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	-
	MICHAEL G. MCINTYRE	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	