## P15000093144

(Re	equestor's Name)	
(Ad	ddress)	
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(Ac	adress)	
(Ci	ty/State/Zip/Phone #	<i>‡</i> )
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: M.E.P OF SOUTH	H FLORIDA INC.
DOCUMENT NUMBER: P15000093144	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Dina Al	exis Paret Name of Contact Person
M.E.P. OF SOUTH FLORI	
	Firm/ Company
11120 SPRING FIELD PLA	ACE
	Address
HOLLYWOOD, FLORIDA	33026
	City/ State and Zip Code
MSDIAMONDEXPRESS@GMAI	IL.COM
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please KATHY DANIELS	
Name of Contact Person	at (305 ) 332-3977  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILE
2015 OEC 10 PH
SECRETARY PH 2:09
Beneal Walling F.

M.E.P. OF SOUTH FLORIDA INC.

( <u>Name o</u>	of Corporation as currently	filed with the Florida Dept. of State)	1967 55 /Ax
P15000093144			140R/S
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fol	owing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporation name	he abbreviation must contain the
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	11120 NW SPRING FIELD PLACE	
		HOLLYWOOD, FLORIDA 33026	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	DINA ALEXIS PARET		
Nume of New Negisierea Agent	11120 SPRING FIELD P	LACE	<del></del>
	(Florida stre	et address)	<del></del>
New Registered Office Address:	HOLLYWOOD	Florida 33	026
Hew Registered Office Haddess.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tion.
* Ni	m A. Pani	egistered 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	Р	JENNIFER Y LAGUERRE	244 NW 72ND TERRACE
Add			MIAMI, FLORIDA 33150
X Remove			
2) Change	Р	DINA ALEXIS PARET	11120 SPRING FIELD PLACE
x Add			HOLLYWOOD, FLORIDA 33026
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Changa			
6) Change			
Add			
Remove			

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)	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
·	

The date of each amendment(s) ad date this document was signed.	option:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
DECEMBE	R 7, 2015
DatedSignature	lina Alustant
	rector, president or other officer - if directors or officers have not been
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	DINA ALEXIS PARET
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)