P/6000016355

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: M & V GOOD SE	RVICES INC	
	BER: P16000016355		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROSA M RAMIREZ VALD	ES	
		Name of Contact Person	
		Firm/ Company	
	4655 PALM AVE APT 316		
		Address	<u> </u>
	HIALEAH, FL 33012		
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
•	•		
For further informatio	n concerning this matter, pleas	se call:	,
ROSA M RAMIREZ	VALDES	at (715-4015
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Amo Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as cur	rently filed with the Flor	ida Dept. of State)
P16000016355			
	(Document Numl	per of Corporation (if know	wn)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corpa	eration adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation	<u>n:</u>	
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A professiona	
• •		ROSA M RAMIF	REZ VALDES
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		2775 W OKEECI	HOBEE RD LOTE I
		HIALEAH, FL 33	3010
		-	
		 _	
D. If amending the registered agent an new registered agent and/or the new			the name of the
	ROSA M RAMIREZ		
Name of New Registered Agent		-	
	2775 W OKEECHOE		
•	•	da street address)	22010
New Registered Office Address:	HIALEAH	(0)	, Florida
		(City)	(Zip Code)

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 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	ROSA M RAMIREZ VALDES	2775 W OKEECHOBEE RD	
Add			LOTE !	
Remove			HIALEAH FL 33010	
2) Change	P	VICTOR M BARRIOS	4655 PALM AVE APT 316	
Add	· - ·		HIALEAH FL 33012	
X Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>lf amending</u> or adding Attach <i>additional sheet</i>	ls, if necessary).	(Be specific)					
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f an amendment prov provisions for implem (if not applicable,	nenting the ame	ange, reclassific ndment if not co	ation, or cand	cellation of is amendment	sued shar itself:	e <u>s.</u>	
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The date of each amendment(s) adoption:, if other than t
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 t 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 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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
04/13/2016 Dated
Signature Rutura
(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)
ROSA M RAMIREZ VALDES
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)